

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary Bannan*

Town

Petersville

County

Fredrick

MARYLAND

Died at

Date

of death 190 *9*

Month

10

Day

11

Years

Age

65

Months

Days

Sex

*Female*Color or
Race*white*Birth-
place*Ireland*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
Husband*Hugh Bannan*Father's
Name*Unknown*Father's
Birthplace*Ireland*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
Information*John H. Miller*How related
to deceased*none*

CAUSES OF DEATH

179*✓*

Primary

Heart Failure

How long

Immediate

*11**4*

How long

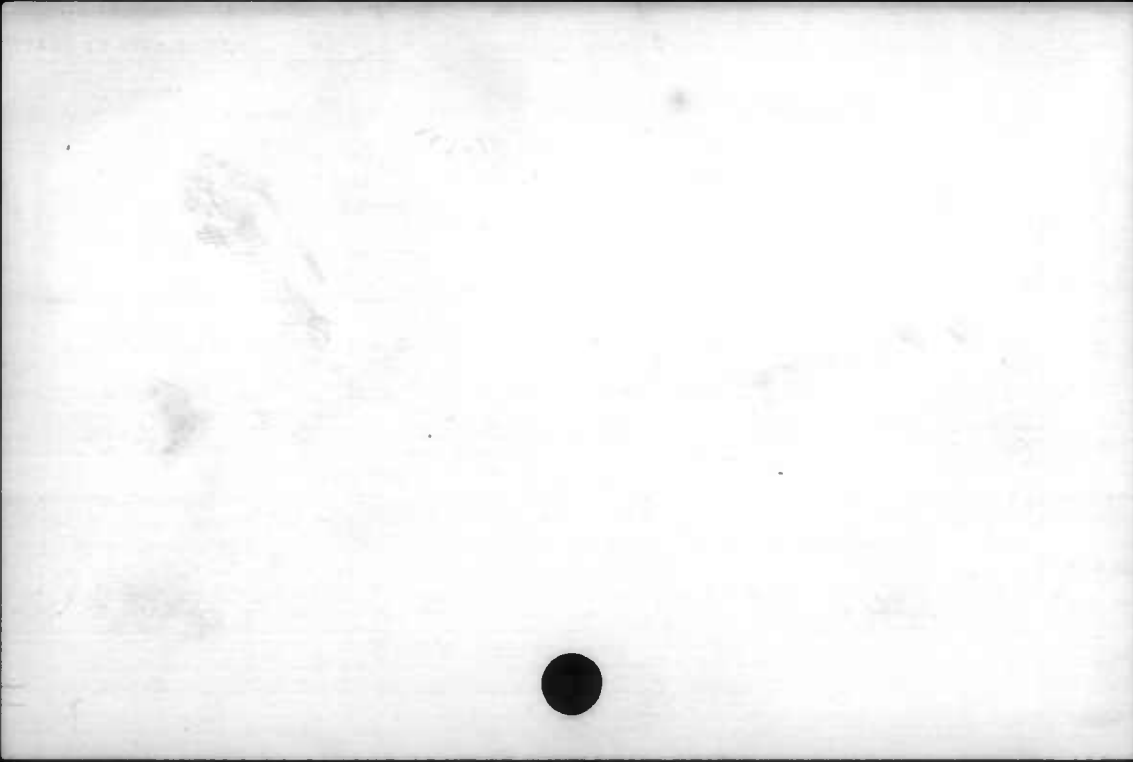
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Sam'l Claggitt
*Petersville**md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Gaddie L. Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Fredrick</i>		County <i>Freak</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		10	16	14		7	19
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>wh</i>		<i>md</i>			
Occupation		Where Residing if not at place of death					
<i>School</i>		<i>X</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>X</i>		<i>X</i>					
Father's Name		Father's Birthplace					
<i>John Beall</i>		<i>md</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Lidia Fogle</i>		<i>md</i>					
Name of person giving Information		How related to deceased					
<i>John Beall</i>		<i>mother</i>					

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>11 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. F. Gordon m.d.</i>	
Accident or Suicide		Address	
<i>no</i>		<i>Fredrick Md</i>	

PHYSICIAN
OR CORNER

Interment Oct 19 - 09

" at Mt Olivet Cemetery

Thomas P. Rice F. & O

Dr Hedges

Dr McCurdy

Name
in
Full

Lora Bowie

No 22

CERTIFICATE OF DEATH

Died at New Market

Fredericks

MARYLAND

Date of death 1909 Oct

Day 17

Age 28

Months

Days

Sex Female

Color or Race

Colored

Birthplace

Near New Market

Occupation

H W

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

William Bowie

Father's Name

Bellfield Liason

Father's Birthplace

Md

Mother's Maiden Name

Rachel Fredericks

Mother's Birthplace

Md

Name of person giving Information

Martha Little

How related to deceased

none

CAUSES OF DEATH

Primary

Typhoid Fever

How long

5 weeks

Immediate

Pneumonia

How long

5 days

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

H. H. Hopkins M.D.

Address

New Market

Accident or Suicide

no

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Jane Brashear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near Mt airy

Town

Frederick

County

MARYLAND

Date

of death 1909

Month

Oct

Day

9

Age

Years

73

Months

1

Days

Sex

Female

Color or
Race

White

Birth-
place

Fredk Co Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Osborne Brashear

Father's
BirthplaceMother's
Maiden Name

Rachel Dorsey

Mother's
Birthplace

Unknown

Name of person giving
Information

Charles Condon

How related
to deceased

CAUSES OF DEATH

Primary

Cerebral hemorrhage

How long

1 wk

Immediate

"

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

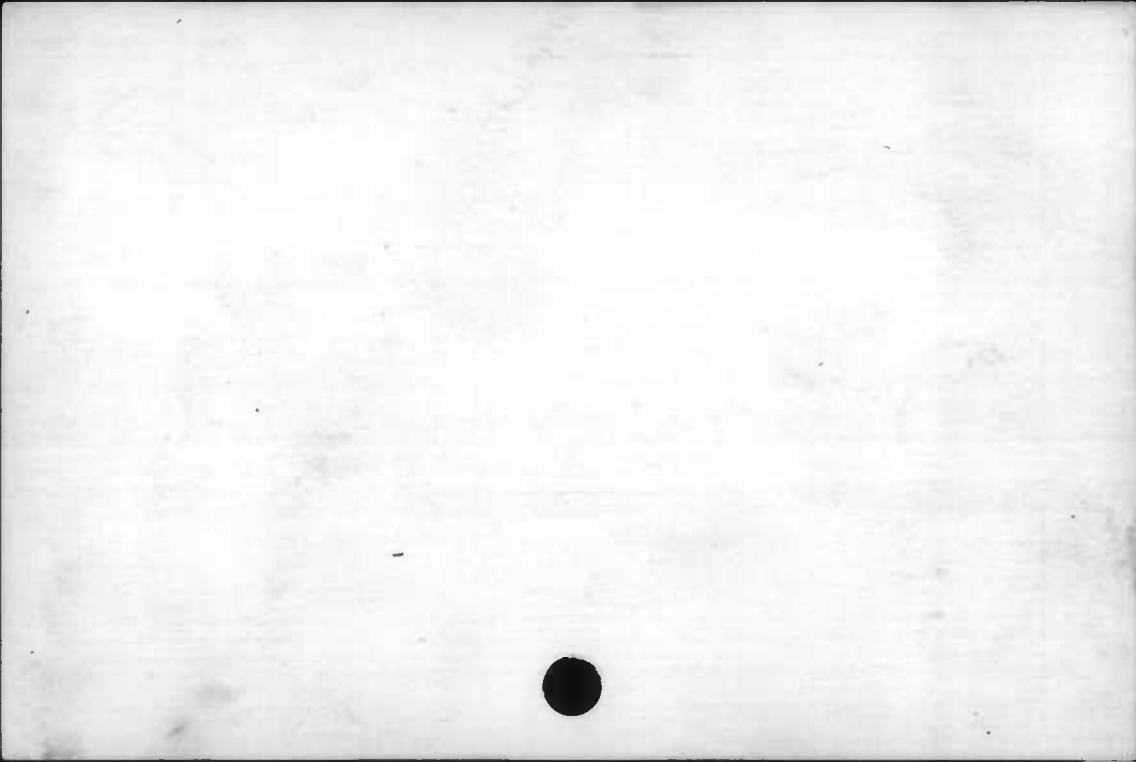
W. E. Gaver

Address

Mt airy Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

(Sister M. Monica) Mary Clara Brockschmidt

Died at Fredrick Town Fredrick County MARYLAND

Date of death 190 9 Month October Day 2 Age 72 Years Months Days

Sex Female Color or Race Caucasian Birth-place Germany

Occupation Religious Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband

Father's Name Erard Brockschmidt Father's Birthplace Germany

Mother's Maiden Name Elizabeth Simon Mother's Birthplace Germany

Name of person giving Information Mother Superior of Convent How related to deceased sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carcinoma Breast and Intestines How long 3 years

Immediate Exhaustion How long 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm. Crawford Simon

Address Fredrick Md

Accident or Suicidal no



Name
in
Full

CERTIFICATE OF DEATH

Joseph Bueck
TownFrederick
County

MARYLAND

Died at

Frederick

Date

of death

1909

Month

Oct

Day

13

Age

Years

79

Months

—

Days

2

Sex

male

Color or
Race

white

Birth-
place

Frederick Co. Md

Occupation

Mason

Where Residing if not
at place of death

At place of death

~~Married, Single~~
or WidowedName of Wife or
Husband

Mary Young

Father's
Name

Philip Bueck

Father's
Birthplace

Germany

Mother's
Maiden Name

Christiana Schubert

Mother's
Birthplace

Germany

Name of person giving
Information

Florence Myers

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Chronic Laryngitis (non tubercular)

How long

2 years

Immediate

Cardiac Asthenia

How long

6 hours

Are the name, age, sex, color, date
end place correctly given above?Signature of
Physician

J. Bueck M.D.

Address

Frederick Md.

Accident or Suicide



Name
in
Full

Thomas Burgess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1909	Month	10	Day	12
Age	60	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Virginia
Occupation	Laborer		Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Nancy Carroll</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>"</i>		Mother's Birthplace	<i>Virginia</i>	
Name of person giving information	<i>Mrs. Nancy Burgess</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	How long	<i>Six months</i>
Immediate	<i>Apoplexy</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Bo Thomas M.D.</i>
		Address	<i>Frederick Md.</i>
Accident or Suicide?	<i>no</i>		

Interment Oct 14 - 1909
" at Greenmount Cemetery
Thomas P. Rice F.R.D.

Dr. T. B. Johnson

Dr McCreedy

Name
in
Full

Roy B. Cannon

CERTIFICATE OF DEATH

W. Va.
~~Missouri~~

TO BE ANSWERED BY
NEAREST FRIEND

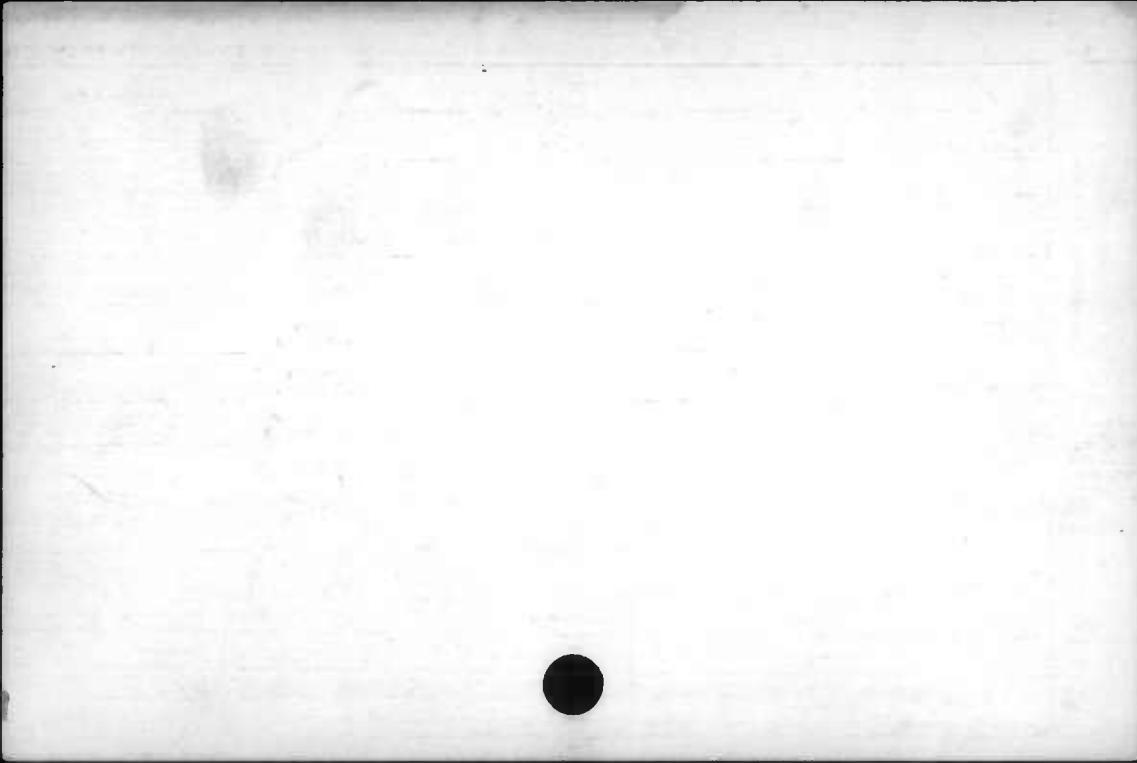
Died at <u>Hedgesville</u>		Town		County	
Date of death <u>1904</u>		Month <u>Oct</u>	Day <u>1</u>	Years <u>21</u>	Months <u>5</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Pontefract Md</u>	
Occupation <u>Fireman B. & O. R.R.</u>		Where Residing if not at place of death <u>Brunswick Md</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>Thomas E. Cannon</u>		Father's Birthplace <u>Fredrick Co Md</u>			
Mother's Maiden Name <u>Ellen Oden</u>		Mother's Birthplace <u>Pontefract Md</u>			
Name of person giving Information <u>Ellen Cannon</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

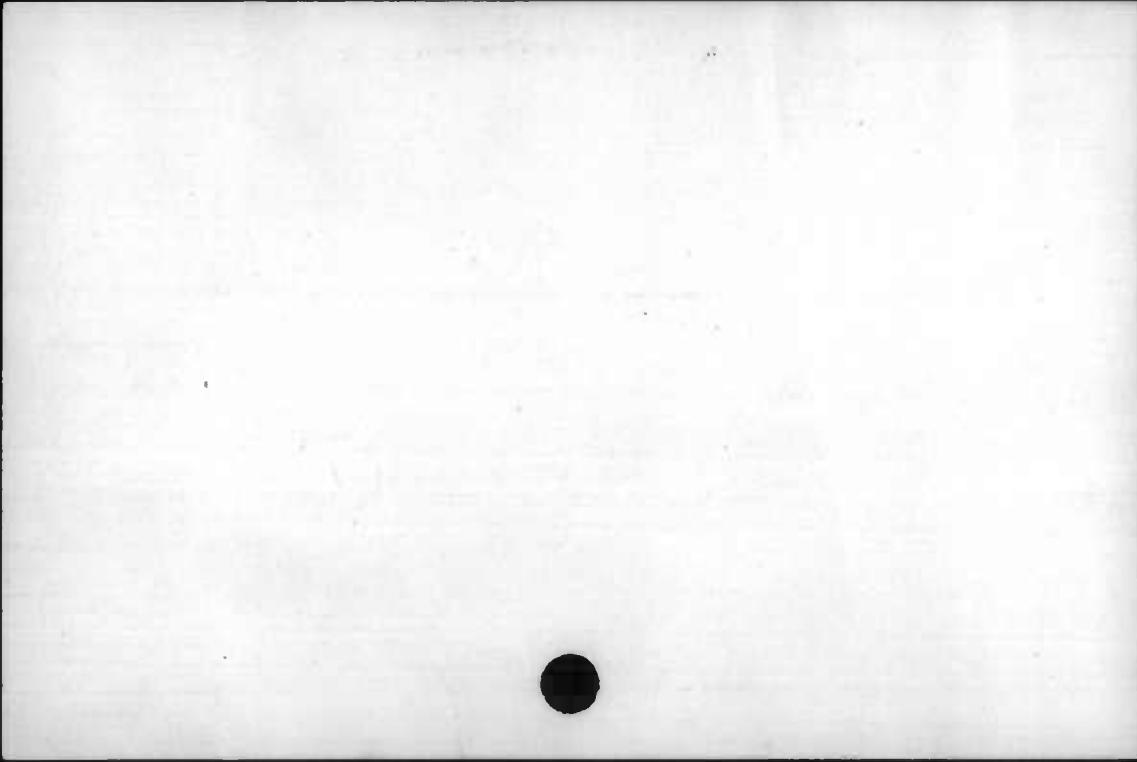
166

PHYSICIAN
OR CORONER

Primary <u>To save for this location</u>	How long <u>a few days</u>
Immediate <u>Crushed by moving freight train</u>	How long <u>Instantly</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. M. Walker</u>
	Address <u>Pontefract Md</u>
Accident <u>Yes</u> Suicide <u>No</u>	



Name in Full		WILLIAM COTLEY				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		TOWN Fred R. Co., Buckeystown		COUNTY		MARYLAND		
	Date of death		1909	Month Oct.	Day 9	Age 28		Months —	Days —
	Sex		Male		Color or Race		Colored	Birth-place	Unknown
	Occupation				Laborer			Where Residing if not at place of death	Mr. Jos. Genders
	Married, Single or Widowed		Single		Name of Wife or Husband			—	
	Father's Name				Unknown		Father's Birthplace	Unknown	
	Mother's Maiden Name				Unknown		Mother's Birthplace	Unknown	
	Name of person giving information				Mr. Jos. Genders			How related to deceased	1
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Typhoid Fever				How long	about 3 weeks	
	Immediate		Peritonitis				How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				Edw. Conley
					Address				Frederick
Accident or Suicide?									



Name
in
Full

Annie Mary Ebberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1909	Month	10	Day	16	Age	80
Sex	Female	Color or Race	White	Birth-place	Germany	Months	10
Occupation	House Wife	Where Residing if not at place of death	Same	Days	22		
Married, Single or Widowed	Widow	Name of Wife or Husband	William Ebberts				
Father's Name	Henry Cramer	Father's Birthplace	Germany				
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown				
Name of person giving Information	Chas. W. Ebberts	How related to deceased	Son				

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Serulity</i>	How long	<i>6 mms</i>
Immediate	<i>acute death by sentery</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>For H. Hedge</i>
		Address	<i>Frederick</i>
Accident or Suicide	<i>no</i>		

Interment Oct 19 - 09

" at St. John's Cemetery

Thomas P. Rice R.D

Wm Hedges

Wm M. Gurdy

Name
in
Full

CERTIFICATE OF DEATH

Clayton Lee Ayler

Died at ^{Town} Liberty Town ^{County} Frank MARYLAND

Date of death 1909 ^{Month} Oct ^{Day} 9th ^{Age} — ^{Years} — ^{Months} — ^{Days} 5 Min

Sex Male ^{Color or Race} White ^{Birth-place} Frank Co

Occupation None ^{Where Residing if not at place of death}

Married, Single or Widowed Single ^{Name of Wife or Husband} None

Father's Name Millard L. Ayler ^{Father's Birthplace} Frank Co

Mother's Maiden Name Eliza L. Ayler ^{Mother's Birthplace} Frank Co

Name of person giving information Millard Ayler ^{How related to deceased} Father

CAUSES OF DEATH

Primary Injury during birth- 176 ^{How long} 5 min

Immediate

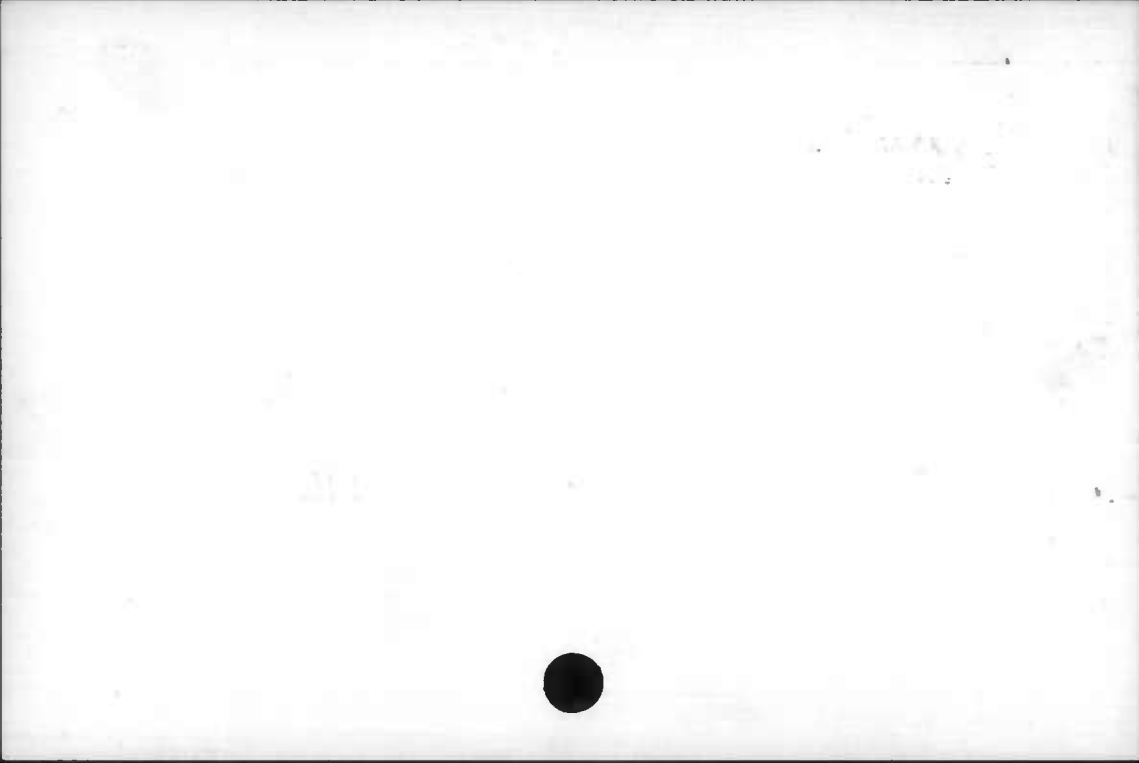
Are the name, age, sex, color, date and place correctly given above? ^{Signature of Physician} H. B. Spivey

^{Address} Liberty Town Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Catherine Filler* Town *Fredericks* County *Fredericks* MARYLAND

Died at *Fredericks* Date of death *1909* Month *10* Day *13* Age *76* Years *7* Months *26* Days

Sex *Female* Color or Race *White* Birth-place *Virginia*

Occupation *House Maid* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Benjamin Filler* Father's Birthplace *Virginia*

Mother's Maiden Name *Mary Heines* Mother's Birthplace *"*

Name of person giving information *Mrs. Geo. T. Esterly* How related to deceased *Niece*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* How long *24 hours*

Immediate *Cardiac Paralysis* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. H. Hedger* Address *Fredericks*

Accident or Suicide? *_____*

Interment Oct 15 - 1909!

" at Mt. Olivet Cemetery

Thomas P. Rice F. D.

Dr. Hedges

Dr. McCurdy,

Name
in
Full

CERTIFICATE OF DEATH

Larrah Dugerson

Town *Mountainview* County *Freda*

Diad at *Mountainview*

Month *Oct* Day *13* Years *50* Months *X* Days *X*

Date of death *1909*

Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving information *Charley Posey* How related to deceased *No relation*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

120

Primary *Chronic Nephritis Subsequent to Chronic Mania* How long *14 years more*

Immediate *Exhaustion* How long *2 or 3 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *U. J. Proctor M.D.*

Address *Freda Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Levi Goodwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Liberty Town* ^{Town} *Frederick* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *Oct* ^{Day} *15* ^{Age} *73* ^{Years} *0* ^{Months} *0* ^{Days}

Sex *Male* Color or Race *Colored* Birth-place *Balts. Co.*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Ausie Griffith*

Father's Name *Jeremiah Goodwin* Father's Birthplace *Unknown*

Mother's Maiden Name *Caroline — (unknown)* Mother's Birthplace *Baltimore*

Name of person giving information *Ausie Goodwin* How related to deceased *Wife*

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

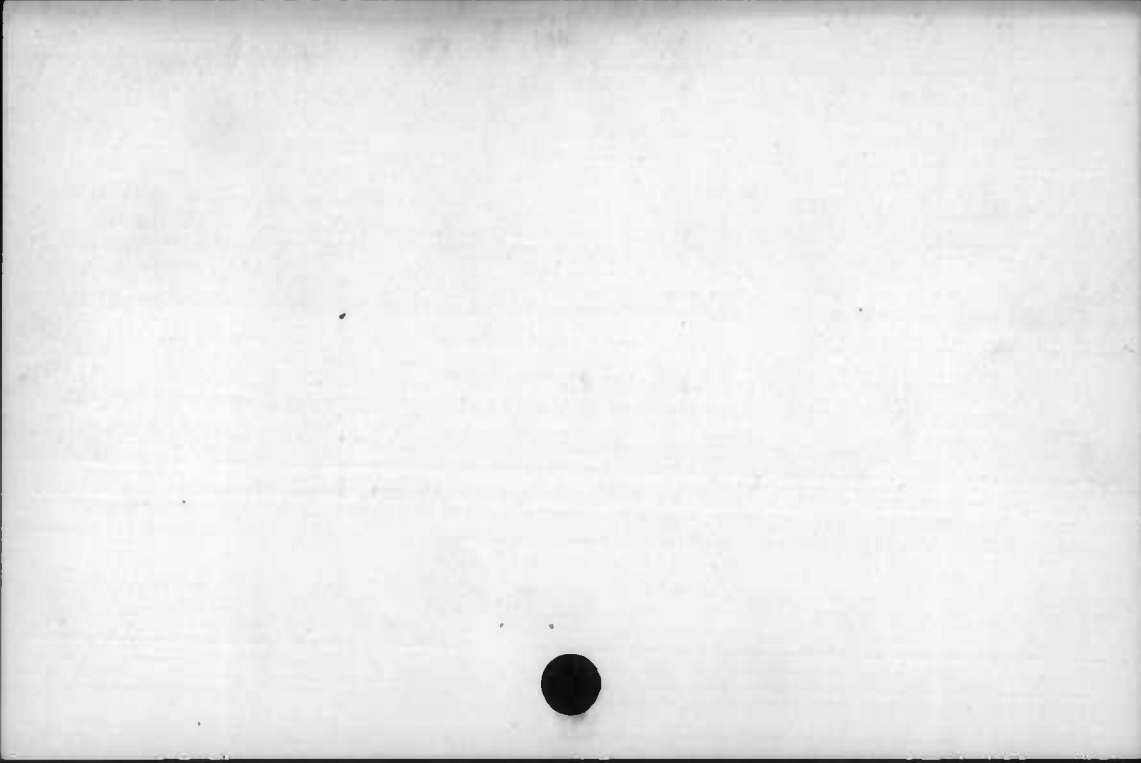
Primary *Chronic Nephritis* How long *About 1 1/2 yrs*

Immediate *Heart Failure* How long *4 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm B. Howe*

Address *Liberty Town*
Frederick Co

Accident or Suicide?



Name
in
Full

Verna Edith Gaucher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Wapsville</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	10	Day	24
				Years	22
				Months	3
				Days	14
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>House keeping</i>		Birthplace	<i>Near Wapsville</i>	
Married, Single or Widowed	<i>Married</i>		Where Residing if not at place of death	<i>Near Wapsville</i>	
Father's Name	<i>Howard Gilbert</i>		Name of Wife or Husband	<i>Benjamin Gaucher</i>	
Mother's Maiden Name	<i>Vinia Farsh</i>		Father's Birthplace	<i>Wapsville</i>	
Name of person giving Information	<i>Vinia Gilbert</i>		Mother's Birthplace	<i>Near Wapsville</i>	
			How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>27 3 years.</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Ralph Browning</i>
		Address	<i>Wapsville Md</i>
<i>Accident or Suicide</i>			

PHYSICIAN
OR CORONER

1890-1891
1587-2-11
22-3-14

200

Name in Full *Sara E. V. Haines*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

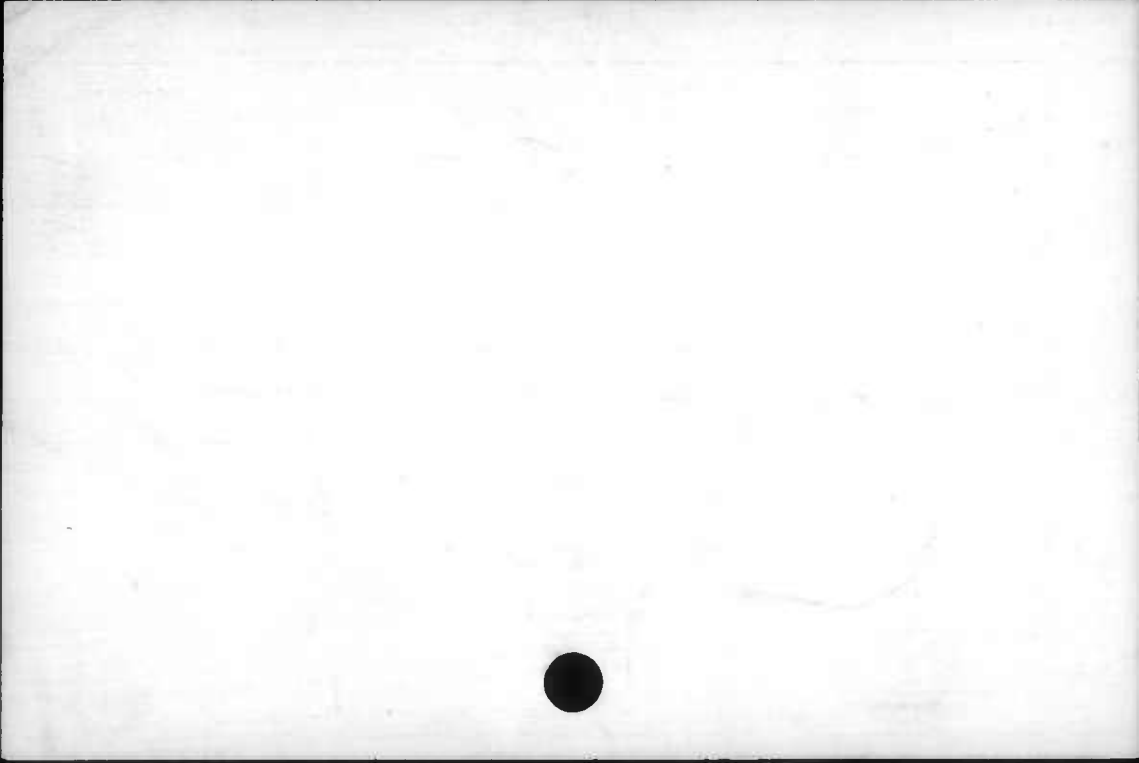
Died at <i>Point of Rocks</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Oct</i> ^{Month}	<i>18th</i> ^{Day}	Age <i>5</i> ^{Years}	<i>7</i> ^{Months}	^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Point of Rocks Md</i>		
Occupation <i>School girl</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Richard Haines</i>			Father's Birthplace <i>Lynchburg Co W. Va</i>		
Mother's Maiden Name <i>Mary Lowmy</i>			Mother's Birthplace <i>Washington Co Md</i>		
Name of person giving Information <i>Mary Lowmy</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>Meningitis Cerebral</i>	How long <i>30 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. W. Trapnell</i>
	Address <i>Point of Rocks Md</i>
Accident or Suicide	



Name
in
Full

Maria Elizabeth Harman

CERTIFICATE OF DEATH

Died at ^{Town} Frederick ^{County} Frederick MARYLAND

Date of death 1909 Month 10 Day 23 Age 85 Years Months 5 Days 28

Sex Female Color or Race White Birth-place Fredk Co. Md.

Occupation House Wife Where Residing if not at place of death Place of Death

Married, Single or Widowed Widowed Name of Wife or Husband Isaac Harman

Father's Name John F. Strasberger Father's Birthplace Maryland

Mother's Maiden Name Catherine Stutely Mother's Birthplace " "

Name of person giving Information Mrs. Ada J. James How related to deceased Sister

CAUSES OF DEATH

Primary Coronary Thrombosis

How long

2

Immediate Paralysis (Hemiplegia)

How long

2

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. S. Hayward

17 Demost. St. Wash.

D.C. Md.

Accident or Suicide

~~~~~

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Oct 26 - 09

" at Mt Olivet Cem-

Thomas P. Rice F.D.

Dr Maynard

Dr McCreedy.

Name  
in  
Full

Lillian Virginia Street

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                        |                                         |                         |                     |                  |
|---------------------------------------|------------------------|-----------------------------------------|-------------------------|---------------------|------------------|
| Died at <u>Indust</u> <sup>Town</sup> |                        | <u>Indust</u> <sup>County</sup>         |                         | MARYLAND            |                  |
| Date of death                         | 1909                   | Oct                                     | 13                      | Age                 | 13               |
| Sex <u>Female</u>                     |                        | Color or Race <u>White</u>              |                         | Birth-place         | <u>Indust Md</u> |
| Occupation <u>Scholar</u>             |                        | Where Residing if not at place of death |                         | <u>X</u>            |                  |
| Married, Single or Widowed            | <u>Single</u>          | Name of Wife or Husband                 |                         | <u>X</u>            |                  |
| Father's Name                         | <u>Charles Street</u>  |                                         | Father's Birthplace     | <u>Indust G. Ky</u> |                  |
| Mother's Maiden Name                  | <u>Virginia Brooks</u> |                                         | Mother's Birthplace     | <u>Indust Md</u>    |                  |
| Name of person giving Information     | <u>Virginia Brooks</u> |                                         | How related to deceased | <u>Mother</u>       |                  |

## CAUSES OF DEATH

|                                                                      |                                               |                        |                           |
|----------------------------------------------------------------------|-----------------------------------------------|------------------------|---------------------------|
| Primary                                                              | <u>Staphylococcus Infection of the Litter</u> | How long               | <u>a few days</u>         |
| Immediate                                                            | <u>Septicemia</u>                             | How long               | <u>four days</u>          |
| Are the name, age, sex, color, date and place correctly given above? |                                               | Signature of Physician | <u>J. B. Johnson M.D.</u> |
|                                                                      |                                               | Address                | <u>Indust Md</u>          |
| Accident or Suicide                                                  |                                               |                        |                           |

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mrs. Alberta Keefe*

Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick*

Date of death 190*9* Month *Oct* Day *23* Age *92* Years Months *2* Days *0*

Sex *Female* Color or Race *white* Birthplace *Frederick, Md.*

Occupation *Retired* Where Residing if not at place of death *2130 Mkt. St., Md.*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Levin H. Keefe*

Father's Name *Thomas Carlin* Father's Birthplace *Frederick, Md.*

Mother's Maiden Name *Eliza Newsworth* Mother's Birthplace *Md.*

Name of person giving Information *Mrs. Carlin* How related to deceased *Sister in law*

## CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary *Not Known* How long *✓*

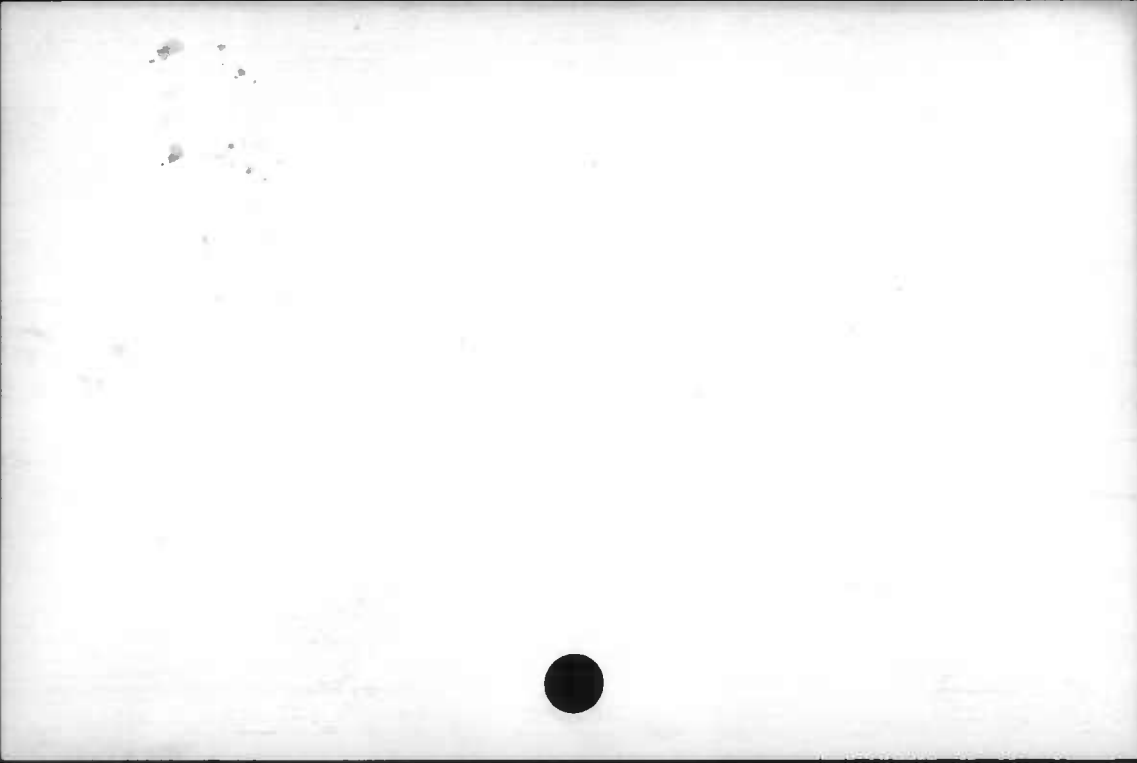
Immediate *Cardiac Paralysis* How long *Sudden death*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. D. Needham, M.D.*

Address *Frederick, Md.*

Accident or Suicide *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Geo. W. M. Keller*

Died at *Middletown* <sup>Town</sup> *Fredk* <sup>County</sup> **MARYLAND**

Date of death *1909 Oct 6* <sup>Month</sup> <sup>Day</sup> Age *62* <sup>Years</sup> <sup>Months</sup> *1* <sup>Days</sup> *11*

Sex *Male* Color or Race *White* Birth-place *Middletown Md*

Occupation *Miller* Where Residing if not at place of death

Married, ~~Single~~ <sup>or Widowed</sup> Name of Wife or Husband *Jennie Biser*

Father's Name *Daniel Keller* Father's Birthplace *Md.*

Mother's Maiden Name *Jane R. Miller* Mother's Birthplace *Md.*

Name of person giving Information *Mrs. Keller* How related to deceased *wife*

## CAUSES OF DEATH

Primary *Paralysis* 66 How long *13 hrs.*

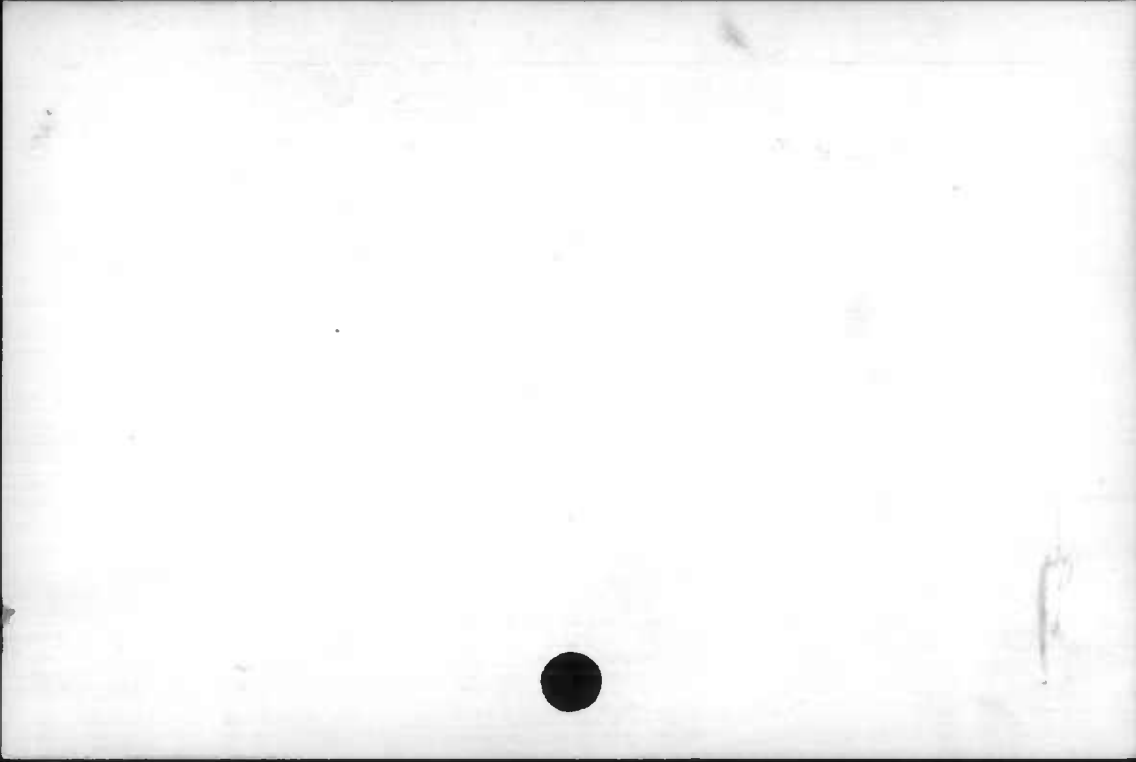
Immediate *Paralysis* How long " "

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. V. Harver*

Address *Middletown Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Lindes

## CERTIFICATE OF DEATH

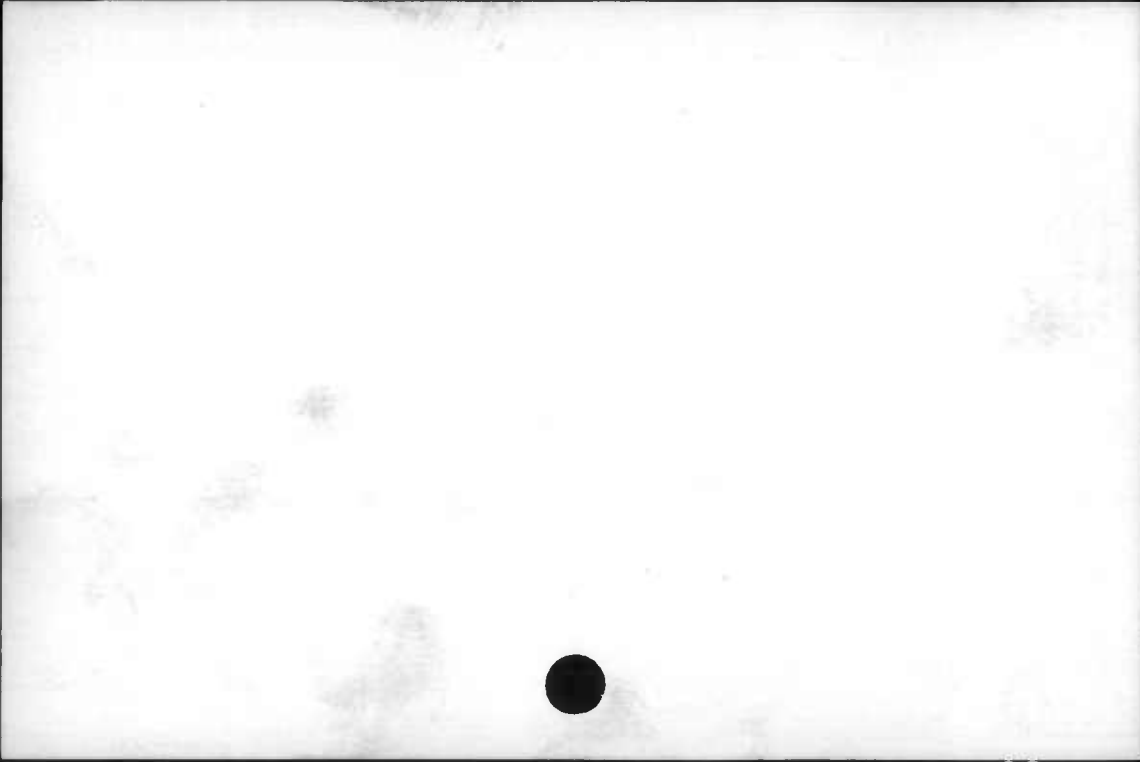
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                      |  |                                 |          |                                                 |  |            |          |
|------------------------------------------------------|--|---------------------------------|----------|-------------------------------------------------|--|------------|----------|
| Died at                                              |  | Town<br>Brimmick                |          | County<br>Fendrick                              |  | MARYLAND   |          |
| Date<br>of death 1909                                |  | Month<br>Oct                    | Day<br>4 | Age<br>—                                        |  | Month<br>— | Day<br>— |
| Sex<br>male                                          |  | Color or<br>Race<br>white       |          | Birth-<br>place<br>Brimmick                     |  |            |          |
| Occupation<br>—                                      |  |                                 |          | Where Residing If not<br>at place of death<br>— |  |            |          |
| Married, Single<br>or Widowed<br>—                   |  | Name of Wife or<br>Husband<br>— |          |                                                 |  |            |          |
| Father's<br>Name<br>Lewis H Lindes                   |  |                                 |          | Father's<br>Birthplace<br>W. Va.                |  |            |          |
| Mother's<br>Maiden Name<br>Loretta Cooper            |  |                                 |          | Mother's<br>Birthplace<br>Fendrick Co.          |  |            |          |
| Name of person giving<br>Information<br>Lewis Lindes |  |                                 |          | How related<br>to deceased<br>son               |  |            |          |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                         |                                                |                           |                |
|-------------------------------------------------------------------------|------------------------------------------------|---------------------------|----------------|
| Primary                                                                 | Not viable at birth (7 mos. pregnant)          | How long                  | —              |
| Immediate                                                               | Apic artificial respiration given occasionally | How long                  | —              |
| Are the name, age, sex, color, date<br>and place correctly given above? |                                                | Signature of<br>Physician | Address        |
| Yes                                                                     |                                                | Dr. W. R. Bunn, M.D.      | Brimmick, Ind. |
| Accident or Suicide                                                     |                                                |                           |                |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Clayton D. Lee* Town *Hope Hill* County *Fred* MARYLAND

Died at *Hope Hill* Month *Oct* Day *1* Age *18* Years Months Days

Date of death 190 *9*

Sex *Male* Color or Race *Negro* Birthplace *Maryland*

Occupation *—* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John O Lee* Father's Birthplace *MD*

Mother's Maiden Name *Valley Digg* Mother's Birthplace *MD*

Name of person giving Information *John O Lee* How related to deceased *Father*

## CAUSES OF DEATH

152

✓

PHYSICIAN  
OR CORONER

Primary *Ampholorrhagia* How long *60 hrs -*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *T. Clyde Rountree*

Address *Buckeytown*

Accident or Suicide *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

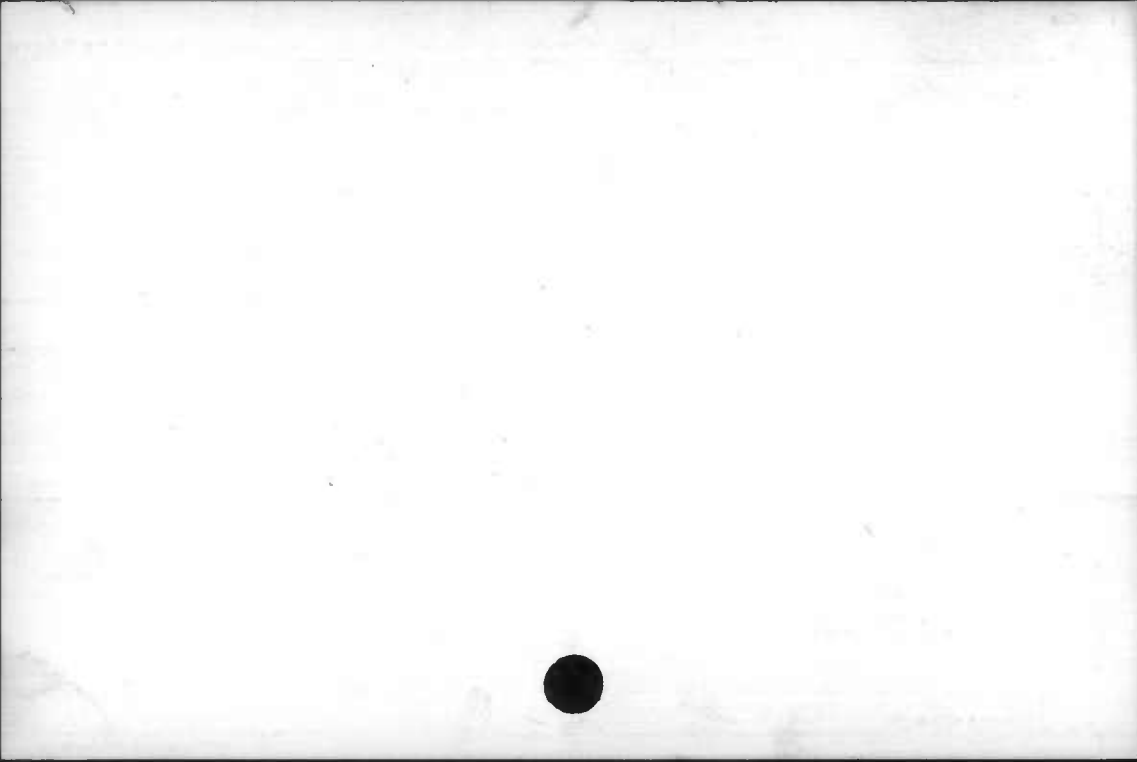
James Garfield Lower  
 Died at Brunswick Frederick MARYLAND  
 Date of death 1909 Oct 3 Age 71 Months 3 Days 14  
 Sex Male Color or Race White Birth-place Md  
 Occupation Chico Where Residing if not at place of death —  
 Married, Single or Widowed Single Name of Wife or Husband —  
 Father's Name Martin E. Lower Father's Birthplace Pa  
 Mother's Maiden Name Groce O. Dyer Smallwood Mother's Birthplace Pa  
 Name of person giving Information Martin E. Lower How related to deceased Father

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary San anuntion How long Since Birth  
 Immediate Colic pain How long 2 hrs.  
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Levin H. West  
 Address Brunswick Frederick Co  
 Accident or Suicide —



Name in Full *Ellet Pauline McKnight*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

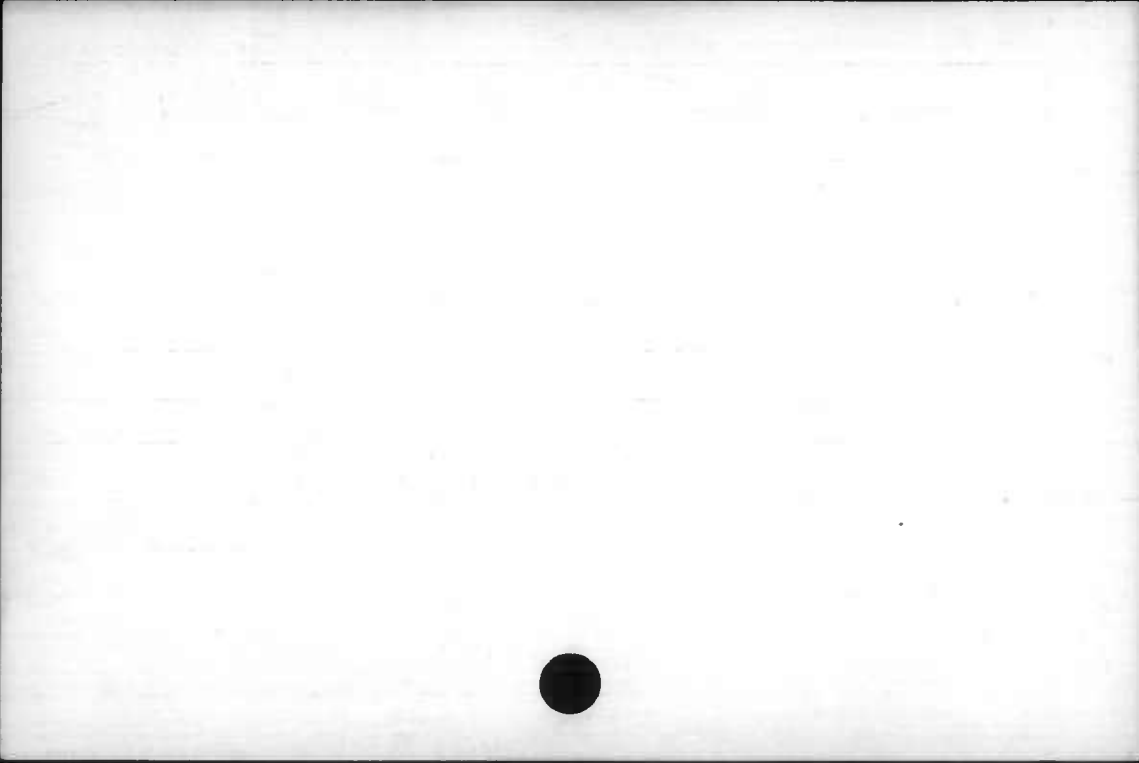
|                                                          |                             |                                     |                                              |                             |                           |
|----------------------------------------------------------|-----------------------------|-------------------------------------|----------------------------------------------|-----------------------------|---------------------------|
| Died at <i>Pontof Rocks</i> <sup>Town</sup>              |                             | <i>Fredrick B</i> <sup>County</sup> |                                              | MARYLAND                    |                           |
| Date of death <i>1909</i>                                | <i>Oct</i> <sup>Month</sup> | <i>3</i> <sup>Day</sup>             | Age                                          | <i>10</i> <sup>Months</sup> | <i>10</i> <sup>Days</sup> |
| Sex <i>Female</i>                                        | Color or Race <i>White</i>  |                                     | Birth-place <i>Pontof Rocks Md</i>           |                             |                           |
| Occupation <i>Infant</i>                                 |                             |                                     | Where Residing if not at place of death      |                             |                           |
| Married, Single or Widowed <i>-</i>                      |                             | Name of Wife or Husband             |                                              |                             |                           |
| Father's Name <i>Luther McKnight</i>                     |                             |                                     | Father's Birthplace <i>Pontof Rocks Md</i>   |                             |                           |
| Mother's Maiden Name <i>Abbie Shores</i>                 |                             |                                     | Mother's Birthplace <i>near Jefferson Md</i> |                             |                           |
| Name of person giving Information <i>Luther McKnight</i> |                             |                                     | How related to deceased <i>Father</i>        |                             |                           |

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

|                                                                                 |                                                   |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <i>Whooping Cough</i>                                                   | How long <i>Three Weeks</i>                       |
| Immediate <i>Convulsions</i>                                                    | How long <i>Two Days</i>                          |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>R. Watkins Trammell</i> |
|                                                                                 | Address <i>Pontof Rocks Md</i>                    |
| Accident or Suicide                                                             |                                                   |





Name  
in  
Full

Annie Mary McKinney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                           |                       |              |             |                         |                 |          |
|-----------------------------------|---------------------------|-----------------------|--------------|-------------|-------------------------|-----------------|----------|
| Died <i>Ladiesburg</i>            |                           | Town <i>Frederick</i> |              | County      |                         | MARYLAND        |          |
| Date of death                     | <i>1909 Oct.</i>          | Month                 | <i>2</i>     | Day         | <i>49</i>               | Years           | <i>1</i> |
| Sex                               | <i>Female</i>             | Color or Race         | <i>White</i> | Birth-place | <i>Maryland</i>         |                 |          |
| Married, Single or Widowed        | <i>Married</i>            |                       |              | Occupation  | <i>Housewife</i>        |                 |          |
| Name of Wife or Husband           | <i>Theodore McKinney.</i> |                       |              |             |                         |                 |          |
| Father's Name                     | <i>Peter Smith.</i>       |                       |              |             | Father's Birthplace     | <i>Maryland</i> |          |
| Mother's Maiden Name              | <i>Annie Smith</i>        |                       |              |             | Mother's Birthplace     | <i>Maryland</i> |          |
| Name of person giving information | <i>Theodore McKinney</i>  |                       |              |             | How related to deceased | <i>husband</i>  |          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |                                                                                                                                   |  |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Primary Cause of Death                                               | <i>I saw the patient 30 hours before her death; she had rectal abscess, Temp 109.1 Pulse 108, and pain in the cardiac region.</i> |  |
| How long                                                             | <i>Had been sick one week.</i>                                                                                                    |  |
| Immediate Cause of Death                                             | <i>Angina Pectoris</i>                                                                                                            |  |
| How long                                                             | <i>2 hours.</i>                                                                                                                   |  |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>                                                                                                                        |  |
| Signature of Physician                                               | <i>John J. Liggett, M.D.</i>                                                                                                      |  |
| Address                                                              | <i>Ladiesburg, Md.</i>                                                                                                            |  |
| Accident or Suicide?                                                 |                                                                                                                                   |  |

109 ✓



Name  
in Full

Edward J. M. Sweeney.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Emmitsburg <sup>County</sup> Frederick MARYLAND

Date of death 1909 Oct. 19 Age 66

Sex Male Color or Race White Birth-place Ireland

Occupation Clergyman Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name O'Callahan M. Sweeney Father's Birthplace Ireland

Mother's Maiden Name ~~Howe~~ Harnett Mother's Birthplace Ireland

Name of person giving Information Rev. Dennis Flynn How related to deceased none

PHYSICIAN  
OR CORNER

Sudden death.

CAUSES OF DEATH

178

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

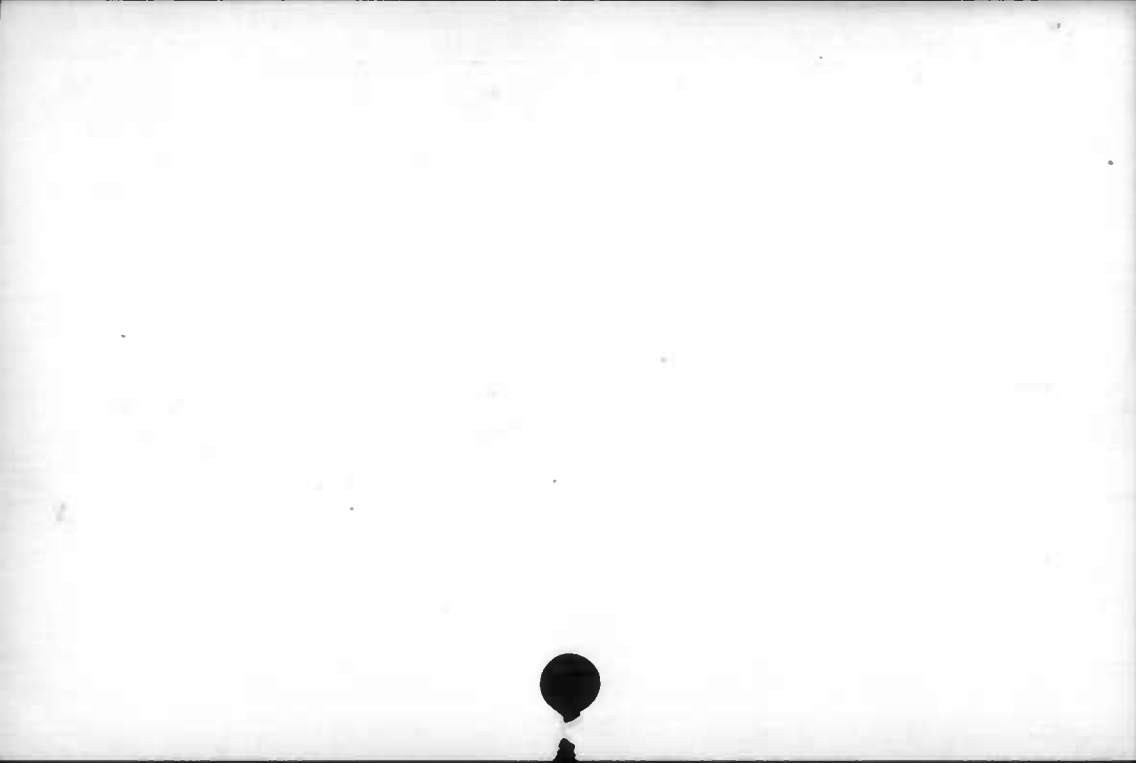
Signature of Physician

John B. Branner, M.D.

Address

Emmitsburg.

Accident or Suicide



Name  
in  
Full

*Samuel D. Mantzer*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Deerfield* Town *Fredrick* County **MARYLAND**  
 Date of death *1909* Month *10* Day *1* Age *55* Years Months *5* Days *21*  
 Sex *Male* Color or Race *white* Birth-place *md*  
 Occupation *laborer* Where Residing if not at place of death \_\_\_\_\_

~~Married, Single~~  
~~or Widowed~~

~~Name of Wife or~~  
~~Husband~~

Father's Name *David Mantzer*

Father's Birthplace *md*

Mother's Maiden Name *Larina Smith*

Mother's Birthplace *"*

Name of person giving Information *Miss Mantzer*

How related to deceased *Sister*

CAUSES OF DEATH

*66*

PHYSICIAN  
OR CORONER

Primary *Arterio Sclerosis*

How long *5 years*

Immediate *Hemiplegia*

How long *Sudden*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. A. Wefers*  
*Shurmont, Md*

Accident or Suicide



Name  
in  
Full

Chas Henry Miller

## CERTIFICATE OF DEATH

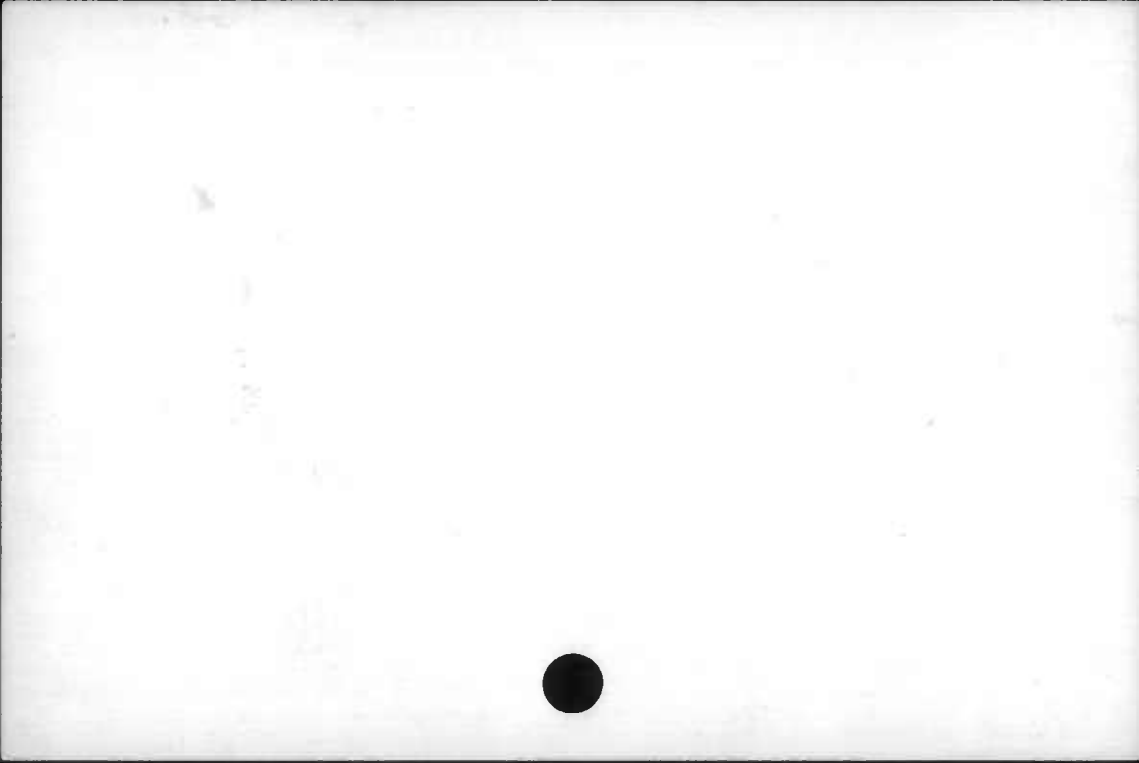
TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |  |                                            |           |                            |       |              |            |
|--------------------------------------|--|--------------------------------------------|-----------|----------------------------|-------|--------------|------------|
| Died at                              |  | Town<br>Frederick Md                       |           | County<br>Frederick        |       | MARYLAND     |            |
| Date of death                        |  | Month<br>1909 Oct                          | Day<br>18 | Age<br>42                  | Years | Months<br>6  | Days<br>16 |
| Sex<br>Male                          |  | Color or Race<br>White                     |           | Birth-place<br>Frederick   |       |              |            |
| Occupation<br>Merchant               |  | Where Residing if not<br>at place of death |           | Frederick Md               |       |              |            |
| Married, Single<br>or Widowed        |  | Name of Wife or<br>Husband                 |           | Mrs Celia Miller           |       |              |            |
| Father's<br>Name                     |  | Henry Miller                               |           | Father's<br>Birthplace     |       | Frederick Md |            |
| Mother's<br>Maiden Name              |  | Elizabeth Buesing                          |           | Mother's<br>Birthplace     |       | " "          |            |
| Name of person giving<br>Information |  | Physician                                  |           | How related<br>to deceased |       | nephew       |            |

## CAUSES OF DEATH

|                                                                         |                   |                           |         |
|-------------------------------------------------------------------------|-------------------|---------------------------|---------|
| Primary                                                                 | Spinal Meningitis | How long                  | 2 weeks |
| Immediate                                                               | same              | How long                  | same    |
| Are the name, age, sex, color, date<br>and place correctly given above? |                   | Signature of<br>Physician |         |
| Yes                                                                     |                   | J. G. W. Canas            |         |
|                                                                         |                   | Address<br>Frederick Md   |         |
| Accident or Suicide                                                     |                   |                           |         |

PHYSICIAN  
OR CORONER





Name  
in  
Full

Frank P. Mont-

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                  |                                |                                       |                                         |                                |                              |
|--------------------------------------------------|--------------------------------|---------------------------------------|-----------------------------------------|--------------------------------|------------------------------|
| Died at <i>Mountain Dale</i> <small>Town</small> |                                | <i>Fredrick</i> <small>County</small> |                                         | MARYLAND                       |                              |
| Date of death <i>1909 Oct</i>                    | <i>19</i> <small>Month</small> | <i>19</i> <small>Day</small>          | <i>41</i> <small>Years</small>          | <i>5</i> <small>Months</small> | <i>2</i> <small>Days</small> |
| Sex <i>Male</i>                                  | Color or Race <i>White</i>     |                                       | Birth-place <i>Mountain Dale</i>        |                                |                              |
| Occupation <i>nil</i>                            |                                |                                       | Where Residing if not at place of death |                                |                              |
| Married, Single or Widowed <i>Single</i>         |                                | Name of Wife or Husband <i>_____</i>  |                                         |                                |                              |
| Father's Name <i>Samuel Mont-</i>                |                                |                                       | Father's Birthplace <i>Md</i>           |                                |                              |
| Mother's Maiden Name <i>Rebecca Waldeck</i>      |                                |                                       | Mother's Birthplace <i>Md</i>           |                                |                              |
| Name of person giving information                |                                |                                       | How related to deceased                 |                                |                              |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                                            |
|---------------------------------------------------------------------------------|--------------------------------------------|
| Primary <i>Syphilis</i>                                                         | How long <i>Several yrs</i>                |
| Immediate <i>Exhaustion</i>                                                     | How long <i>Several mths</i>               |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>D. E. Miller</i> |
|                                                                                 | Address <i>Fredrick Md</i>                 |
| Accident or Suicide?                                                            |                                            |



Name  
in  
Full

Charles Wm Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

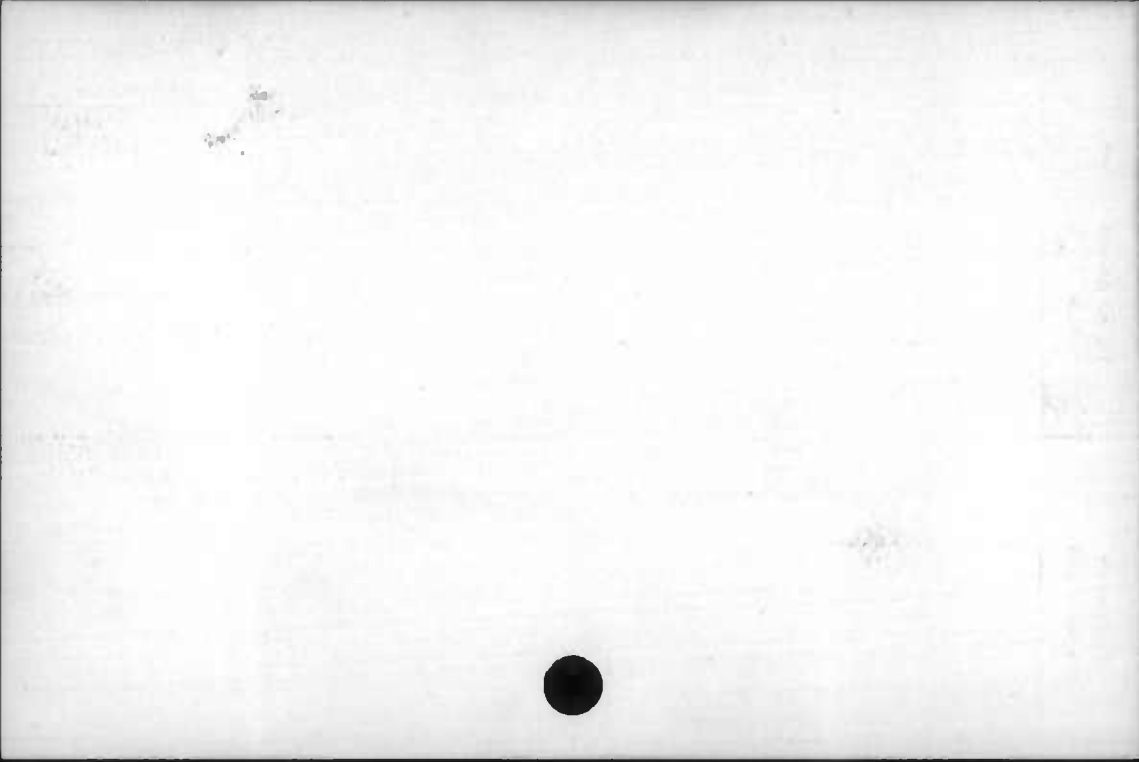
|                                          |                       |                                    |                                                       |                                |                                 |
|------------------------------------------|-----------------------|------------------------------------|-------------------------------------------------------|--------------------------------|---------------------------------|
| Died at <u>Frederick</u> <sup>Town</sup> |                       | <u>Frederick</u> <sup>County</sup> |                                                       | MARYLAND                       |                                 |
| Date of death                            | <u>1909</u>           | <u>10</u> <sup>Month</sup>         | <u>4</u> <sup>Day</sup>                               | <u>      </u> <sup>Years</sup> | <u>      </u> <sup>Months</sup> |
| Sex                                      | <u>male</u>           | Color or Race                      | <u>white</u>                                          | Birth-place                    | <u>Frederick, Md.</u>           |
| Occupation                               | <u>      </u>         |                                    | Where Residing if not at place of death <u>      </u> |                                |                                 |
| Married, Single or Widowed               | <u>      </u>         |                                    | Name of Wife or Husband <u>      </u>                 |                                |                                 |
| Father's Name                            | <u>Charles Morgan</u> |                                    |                                                       | Father's Birthplace            | <u>Frederick Co.</u>            |
| Mother's Maiden Name                     | <u>Elsie Young</u>    |                                    |                                                       | Mother's Birthplace            | <u>Frederick Co.</u>            |
| Name of person giving information        | <u>Chas. Morgan</u>   |                                    |                                                       | How related to deceased        | <u>Father</u>                   |

CAUSES OF DEATH

151 ✓

PHYSICIAN  
OR CORONER

|                                                                      |                                             |          |                |
|----------------------------------------------------------------------|---------------------------------------------|----------|----------------|
| Primary                                                              | <u>Premature Birth</u>                      | How long | <u>one day</u> |
| Immediate                                                            |                                             |          |                |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>J. J. Goodman</u> |          |                |
|                                                                      | Address <u>Frederick Md.</u>                |          |                |
| Accident or Suicide? <u>      </u>                                   |                                             |          |                |



| Name in Full                                                         |  | Town                                    |  |                        |  | County              |  | CERTIFICATE OF DEATH |  |       |  |
|----------------------------------------------------------------------|--|-----------------------------------------|--|------------------------|--|---------------------|--|----------------------|--|-------|--|
| William Edward Orrison                                               |  | Frederick                               |  |                        |  | Frederick           |  | MARYLAND             |  |       |  |
| Died at                                                              |  | Date of death                           |  | Month                  |  | Day                 |  | Age                  |  | Years |  |
| 1909                                                                 |  | 10                                      |  | 3                      |  | —                   |  | 1                    |  | 1     |  |
| Sex                                                                  |  | Color or Race                           |  | Birth-place            |  | Mod                 |  |                      |  |       |  |
| Male                                                                 |  | White                                   |  | Brunswick              |  |                     |  |                      |  |       |  |
| Occupation                                                           |  | Where Residing if not at place of death |  | Brunswick              |  |                     |  |                      |  |       |  |
| Married, Single or Widowed                                           |  | Name of Wife or Husband                 |  |                        |  |                     |  |                      |  |       |  |
| Single                                                               |  |                                         |  |                        |  |                     |  |                      |  |       |  |
| Father's Name                                                        |  | Mother's Maiden Name                    |  | Father's Birthplace    |  | Mother's Birthplace |  |                      |  |       |  |
| William E. Orrison                                                   |  | Annie E. Frank                          |  | Frederick Co. Md       |  | "                   |  | "                    |  | "     |  |
| Name of person giving information                                    |  | How related to deceased                 |  | Mother                 |  |                     |  |                      |  |       |  |
| Annie E. Orrison                                                     |  | Mother                                  |  |                        |  |                     |  |                      |  |       |  |
|                                                                      |  | CAUSES OF DEATH                         |  | 151                    |  |                     |  |                      |  |       |  |
| Primary                                                              |  | How long                                |  | Two weeks              |  |                     |  |                      |  |       |  |
| Marasmus                                                             |  | How long                                |  | Three days             |  |                     |  |                      |  |       |  |
| Immediate                                                            |  | Cardiac Asthenia                        |  |                        |  |                     |  |                      |  |       |  |
| Are the name, age, sex, color, date and place correctly given above? |  | yes                                     |  | Signature of Physician |  | B. C. Thomas, Md.   |  |                      |  |       |  |
|                                                                      |  |                                         |  | Address                |  | Frederick           |  |                      |  |       |  |
|                                                                      |  |                                         |  |                        |  | Md.                 |  |                      |  |       |  |
| Accident or Suicide?                                                 |  | no                                      |  |                        |  |                     |  |                      |  |       |  |

Interment Oct 4 1909

" at Knoxville Greath, Co, Md.  
Cemetery

Thomas P. Rice F. D.

Dr Thomas

Dr McCurdy.

Name  
in  
Full

Sarah A. Pittinger

## CERTIFICATE OF DEATH

|                                   |  |                                         |     |                     |       |          |      |
|-----------------------------------|--|-----------------------------------------|-----|---------------------|-------|----------|------|
| Died at                           |  | Town<br>Frederick                       |     | County<br>Frederick |       | MARYLAND |      |
| Date of death                     |  | Month                                   | Day | Age                 | Years | Months   | Days |
| 1909                              |  | 10                                      | 29  | 53                  |       | 5        | 16   |
| Sex                               |  | Color or Race                           |     | Birthplace          |       |          |      |
| Female                            |  | White                                   |     | Fredk Co Md         |       |          |      |
| Occupation                        |  | Where Residing if not at place of death |     |                     |       |          |      |
| House Wife                        |  | Same                                    |     |                     |       |          |      |
| Married, Single or Widowed        |  | Name of Wife or Husband                 |     |                     |       |          |      |
| Married                           |  | John W. Pittinger                       |     |                     |       |          |      |
| Father's Name                     |  | Father's Birthplace                     |     |                     |       |          |      |
| Baltzer Fogle                     |  | Md.                                     |     |                     |       |          |      |
| Mother's Maiden Name              |  | Mother's Birthplace                     |     |                     |       |          |      |
| Susann Stoner                     |  | Pa                                      |     |                     |       |          |      |
| Name of person giving Information |  | How related to deceased                 |     |                     |       |          |      |
| John W. Pittinger                 |  | Husband                                 |     |                     |       |          |      |

## CAUSES OF DEATH

|                                                                      |                        |                        |             |
|----------------------------------------------------------------------|------------------------|------------------------|-------------|
| Primary                                                              | Fall down cellar steps | How long               | 164         |
| Immediate                                                            | Broken neck            | How long               | Short while |
| Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician |             |
| yes                                                                  |                        | J. M. Goodman.         |             |
| Address                                                              |                        |                        |             |
| Accident or Suicide                                                  |                        | no                     |             |

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Oct 31 1909

" at Beaver Dam Cemetery

Thomas P. Rice F. & D.

Dr Goodman

Dr McCurdy.



Name  
in  
Full

William Powell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

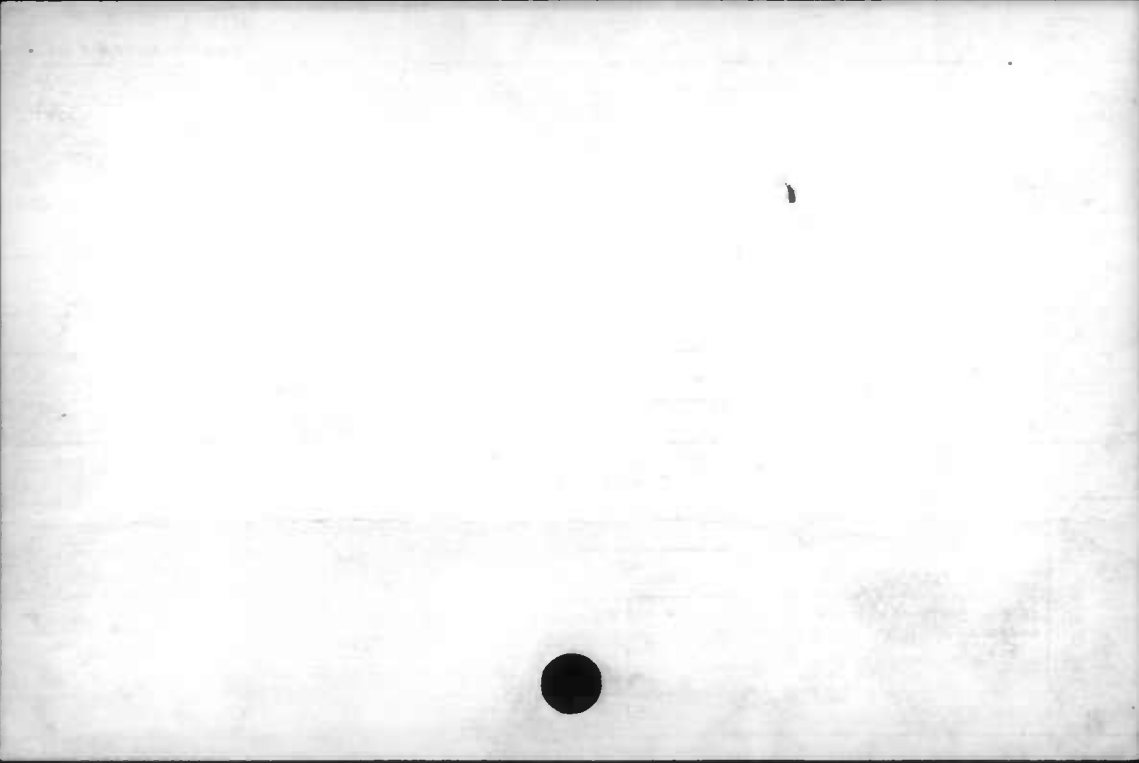
|                                   |                                         |             |     |        |        |          |  |
|-----------------------------------|-----------------------------------------|-------------|-----|--------|--------|----------|--|
| Died at                           |                                         | Town        |     | County |        | MARYLAND |  |
| Myserville                        |                                         | Frederick   |     |        |        |          |  |
| Date of death                     | Month                                   | Day         | Age | Years  | Months | Days     |  |
| 1909                              | Oct                                     | 30          | 76  | 8      | 15     |          |  |
| Sex                               | Color or Race                           | Birth-place |     |        |        |          |  |
| Male                              | White                                   | Maryland    |     |        |        |          |  |
| Occupation                        | Where Residing if not at place of death |             |     |        |        |          |  |
| Farm                              |                                         |             |     |        |        |          |  |
| Married, Single or Widowed        | Name of Wife or Husband                 |             |     |        |        |          |  |
| Married                           | Henriette Powell                        |             |     |        |        |          |  |
| Father's Name                     | Father's Birthplace                     |             |     |        |        |          |  |
| William Powell                    | Washington Co.                          |             |     |        |        |          |  |
| Mother's Maiden Name              | Mother's Birthplace                     |             |     |        |        |          |  |
| Lee Ransom                        | Unknown                                 |             |     |        |        |          |  |
| Name of person giving Information | How related to deceased                 |             |     |        |        |          |  |
| Henriette Powell                  | Wife                                    |             |     |        |        |          |  |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|                                                                      |                        |
|----------------------------------------------------------------------|------------------------|
| Primary                                                              | How long               |
| Coronary Disease Heart                                               | 4 yrs.                 |
| Immediate                                                            | How long               |
| Pulmonary Embolism                                                   | 7 days                 |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| Yes                                                                  | W. C. Wheeler          |
|                                                                      | Address                |
|                                                                      | Boonsboro              |
|                                                                      | Washington Co.         |
| Accident or Suicide                                                  |                        |



Name  
in  
Full

Levie Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                        |  |                                                                    |  |                       |  |          |  |
|--------------------------------------------------------|--|--------------------------------------------------------------------|--|-----------------------|--|----------|--|
| Died at near <i>Hattstown</i>                          |  | Town <i>Frederick</i>                                              |  | County                |  | MARYLAND |  |
| Date of death 1909, <i>October</i>                     |  | Month <i>28<sup>th</sup></i>                                       |  | Day <i>74</i>         |  | Years    |  |
| Sex <i>Male</i>                                        |  | Color or Race <i>White</i>                                         |  | Birth-place <i>Md</i> |  | Months   |  |
| Occupation <i>Farmer &amp; distiller,</i>              |  | Where Residing if not at place of death <i>near Hattstown, Md,</i> |  | Days                  |  |          |  |
| Married, Single or Widowed <i>widower,</i>             |  | Name of Wife or Husband <i>McElfresh,</i>                          |  |                       |  |          |  |
| Father's Name <i>Eliza Price,</i>                      |  | Father's Birthplace <i>Md,</i>                                     |  |                       |  |          |  |
| Mother's Maiden Name <i>Sarah Ann Wolf,</i>            |  | Mother's Birthplace <i>Md,</i>                                     |  |                       |  |          |  |
| Name of person giving information <i>John Gardner,</i> |  | How related to deceased <i>Son-in-law,</i>                         |  |                       |  |          |  |

## CAUSES OF DEATH

|                                                                                 |                          |                                                               |                       |
|---------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|-----------------------|
| Primary                                                                         | <i>Old Age.</i>          | How long                                                      | <i>154</i> ✓          |
| Immediate                                                                       | <i>General debility.</i> | How long                                                      | <i>Several years.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |                          | Signature of Physician <i>Thomas Grunwell, Sub Registrar.</i> |                       |
|                                                                                 |                          | Address <i>Araby, Md,</i>                                     |                       |
| Accident or Suicide                                                             |                          |                                                               |                       |

PHYSICIAN  
OR CORONER



Name  
in  
Full

Wesley Pryor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                                       |  |                                                             |  |                                                      |  |
|-----------------------------------------------------------------------|--|-------------------------------------------------------------|--|------------------------------------------------------|--|
| Died at <u>Sabillasville</u> <sup>Town</sup>                          |  | <u>Fredenck</u> <sup>County</sup>                           |  | MARYLAND                                             |  |
| Date of death 190 <u>9</u> <sup>Month</sup> <u>Oct</u> <sup>Day</sup> |  | Age <u>50</u> <sup>Years</sup>                              |  | <u>3</u> <sup>Months</sup> <u>15</u> <sup>Days</sup> |  |
| Sex <u>Male</u>                                                       |  | Color or Race <u>White</u>                                  |  | Birth-place <u>Washington Co, Md.</u>                |  |
| Occupation <u>Laborer</u>                                             |  | Where Residing <del>at</del> <u>At place of death</u>       |  |                                                      |  |
| Married, <u>Single</u> <sup>or Widowed</sup>                          |  | Name of Wife <u>Virginia E. Williard</u> <sup>Husband</sup> |  |                                                      |  |
| Father's Name <u>Joseph Pryor</u>                                     |  | Father's Birthplace <u>Washington Co Md</u>                 |  |                                                      |  |
| Mother's Maiden Name <u>Sabella Smith</u>                             |  | Mother's Birthplace <u>Washington Co</u>                    |  |                                                      |  |
| Name of person giving Information <u>Thomas Pryor</u>                 |  | How related to deceased <u>Son</u>                          |  |                                                      |  |

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

|                                                                                 |                                                   |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <u>Bright's Disease</u>                                                 | How long <u>Probably 1 year</u>                   |
| Immediate <u>Uremia</u>                                                         | How long <u>3 days</u>                            |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>C. L. Wachter M. D.</u> |
|                                                                                 | Address <u>Sabillasville Md.</u>                  |
| Accident or Suicide                                                             |                                                   |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Albert Frederick Ramsberg

MARYLAND

Died at <sup>Town</sup> Middletown<sup>County</sup> Fred's

Date of death 1909 Oct. 12

Age 74

Months 9

Days 11

Sex male

Color or Race white

Birth-place Md.

Occupation Farmer

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Mary S. Ramsberg

Father's Name

Frederick Ramsberg

Father's Birthplace

Md.

Mother's Maiden Name

Lydia Snook

Mother's Birthplace

Md.

Name of person giving information

Alberta Nikirk

How related to deceased

daughter

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Heart &amp; Kidney disease

How long

1 year

Immediate

Heart failure

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

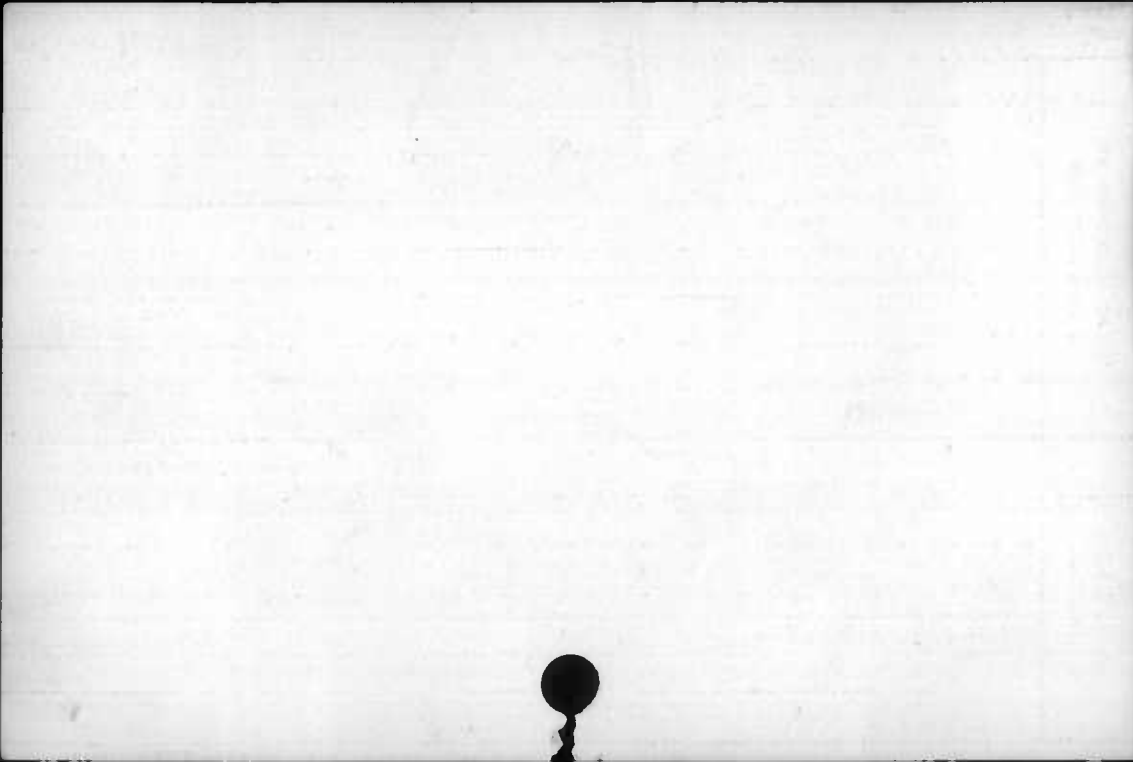
R. V. Harver

Address

Middletown

Md.

Accident or Suicide?





Name  
in  
Full

Margaret R Roberts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                       |                            |                                  |                                                  |                 |               |
|-------------------------------------------------------|----------------------------|----------------------------------|--------------------------------------------------|-----------------|---------------|
| Died at <i>Indenck</i> <sup>Town</sup>                |                            | <i>Indenck</i> <sup>County</sup> |                                                  | MARYLAND        |               |
| Date of death 190 <i>9</i>                            | Month <i>10</i>            | Day <i>1</i>                     | Age <i>14</i>                                    | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i>                                     | Color or Race <i>White</i> |                                  | Birth-place <i>Indenck Md</i>                    |                 |               |
| Occupation <i>—</i>                                   |                            |                                  | Where Residing if not at place of death <i>—</i> |                 |               |
| Married, Single or Widowed <i>—</i>                   |                            | Name of Wife or Husband <i>—</i> |                                                  |                 |               |
| Father's Name <i>Wm A Roberts</i>                     |                            |                                  | Father's Birthplace <i>Indenck Md</i>            |                 |               |
| Mother's Maiden Name <i>Emma F Smith</i>              |                            |                                  | Mother's Birthplace <i>—</i>                     |                 |               |
| Name of person giving Information <i>Wm A Roberts</i> |                            |                                  | How related to deceased <i>Father</i>            |                 |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |                                            |
|----------------------------------------------------------------------|--------------------------------------------|
| Primary <i>Diphtheria</i>                                            | How long <i>5 days</i>                     |
| Immediate <i>Cardiac Paralysis</i>                                   | How long <i>3 months</i>                   |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>F. H. Hedger</i> |
|                                                                      | Address <i>Fredersht</i>                   |
| Accident or Suicide                                                  |                                            |



Name  
in  
Full

CERTIFICATE OF DEATH

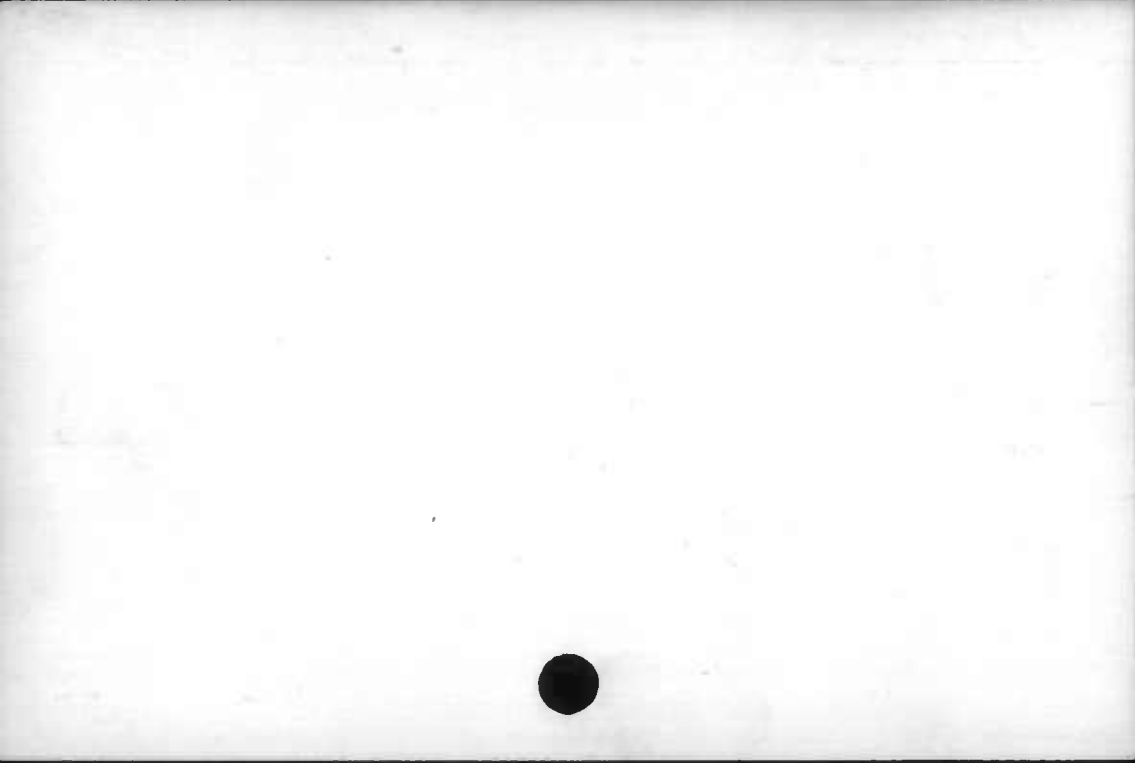
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                               |  |                                                        |  |                            |  |                    |  |
|---------------------------------------------------------------|--|--------------------------------------------------------|--|----------------------------|--|--------------------|--|
| Name in Full<br><i>Jefferson Roberson</i>                     |  | Town<br><i>Montevue</i>                                |  | County<br><i>Frederick</i> |  | MARYLAND           |  |
| Died at<br><i>Montevue Hospital</i>                           |  | Month<br><i>Oct</i>                                    |  | Day<br><i>7th</i>          |  | Years<br><i>82</i> |  |
| Date of death<br><i>1909</i>                                  |  | Age<br><i>82</i>                                       |  | Months<br><i>X</i>         |  | Days<br><i>1</i>   |  |
| Sex<br><i>Male</i>                                            |  | Color or Race<br><i>Colored</i>                        |  | Birth-place<br><i>Md</i>   |  |                    |  |
| Occupation<br><i>Laborer</i>                                  |  | Where Residing if not at place of death<br><i>Same</i> |  |                            |  |                    |  |
| Married, Single or Widowed<br><i>Widowed</i>                  |  | Name of Wife or Husband<br><i>X</i>                    |  |                            |  |                    |  |
| Father's Name<br><i>Unknown</i>                               |  | Father's Birthplace<br><i>Unknown</i>                  |  |                            |  |                    |  |
| Mother's Maiden Name<br><i>"</i>                              |  | Mother's Birthplace<br><i>"</i>                        |  |                            |  |                    |  |
| Name of person giving Information<br><i>Nicholas Gassaway</i> |  | How related to deceased<br><i>Relation</i>             |  |                            |  |                    |  |

CAUSES OF DEATH

|                                                                      |                                                    |
|----------------------------------------------------------------------|----------------------------------------------------|
| Primary<br><i>General Debility -</i>                                 | How long<br><i>Several yrs</i>                     |
| Immediate<br><i>Exhaustion</i>                                       | How long<br><i>" days</i>                          |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician<br><i>W. H. Jerome M.D.</i> |
|                                                                      | Address<br><i>Frederick Md.</i>                    |
| Accident or Suicide                                                  |                                                    |

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Minerva A. Root-*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                    |                                                      |                        |                        |                 |                |
|----------------------------------------------------|------------------------------------------------------|------------------------|------------------------|-----------------|----------------|
| Died at <i>Thurmont-</i>                           |                                                      | County <i>Fredrick</i> |                        | MARYLAND        |                |
| Date of death                                      | Month <i>Oct-</i>                                    | Day <i>14</i>          | Age <i>76</i>          | Months <i>7</i> | Days <i>24</i> |
| Sex <i>female</i>                                  | Color or Race <i>white</i>                           |                        | Birth-place <i>Md.</i> |                 |                |
| Occupation <i>wife</i>                             | Where Residing if not at place of death              |                        |                        |                 |                |
| Married, Single or Widowed <i>married</i>          | Name of <del>Wife or</del> Husband <i>John Root-</i> |                        |                        |                 |                |
| Father's Name <i>Jos W. Miller</i>                 | Father's Birthplace <i>Md</i>                        |                        |                        |                 |                |
| Mother's Maiden Name <i>Johanna Eighelbayer</i>    | Mother's Birthplace <i>Md-</i>                       |                        |                        |                 |                |
| Name of person giving Information <i>Jos Root-</i> | How related to deceased <i>husband</i>               |                        |                        |                 |                |

CAUSES OF DEATH

**64**

|                                                                      |                                             |                                               |
|----------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|
| Primary                                                              | <i>Chronic Gastritis-arterial Sclerosis</i> | How long <i>57 yrs.</i>                       |
| Immediate                                                            | <i>Cerebral Hemorrhage</i>                  | How long <i>2 days.</i>                       |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>                                  | Signature of Physician <i>Morris A. Bieby</i> |
|                                                                      |                                             | Address <i>Thurmont-</i>                      |
| Accident or Suicide <i>~</i>                                         |                                             | <i>Md.</i>                                    |

PHYSICIAN  
OR CORONER

27



Name  
in  
Full

Frederick W. Schleigh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                              |                              |                                            |              |                         |                        |
|----------------------------------------------|------------------------------|--------------------------------------------|--------------|-------------------------|------------------------|
| Died at <i>Frederick</i> <small>Town</small> |                              | <i>Frederick</i> <small>County</small>     |              | MARYLAND                |                        |
| Date of death                                | <i>1909</i>                  | Month                                      | <i>10</i>    | Day                     | <i>7</i>               |
| Age                                          | <i>75</i>                    | Years                                      | <i>7</i>     | Months                  | <i>7</i>               |
| Sex                                          | <i>Male</i>                  | Color or Race                              | <i>White</i> | Birth-place             | <i>Frederick</i>       |
| Occupation                                   | <i>Retired Coach Painter</i> | Where Residing if not at place of death    |              | <i>Same</i>             |                        |
| Married, Single or Widowed                   | <i>Widowed</i>               | Name of Wife or Husband <i>Mary Miller</i> |              |                         |                        |
| Father's Name                                | <i>Daniel W. Schleigh</i>    |                                            |              | Father's Birthplace     | <i>Mad. Hagerstown</i> |
| Mother's Maiden Name                         | <i>Mary A. Mayberry</i>      |                                            |              | Mother's Birthplace     | <i>Frederick</i>       |
| Name of person giving information            | <i>Mrs. Chas E. Moberly</i>  |                                            |              | How related to deceased | <i>Daughter</i>        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |                            |                        |               |
|----------------------------------------------------------------------|----------------------------|------------------------|---------------|
| Primary                                                              | <i>Hemiplegia of Brain</i> | How long               | <i>6 days</i> |
| Immediate                                                            | <i>Cerebral Paralysis</i>  | How long               |               |
| Are the name, age, sex, color, date and place correctly given above? |                            | Signature of Physician |               |
| <i>yes</i>                                                           |                            | <i>F. H. Kuhn</i>      |               |
|                                                                      |                            | Address                |               |
|                                                                      |                            | <i>Frederick</i>       |               |
| Accident or Suicide?                                                 |                            |                        |               |
| <i>no</i>                                                            |                            |                        |               |

Interment Oct 10 - 1909.

" at Mt Olivet Cemetery

Thomas P. Rice F. D.

as Hedges

as McCurdy.



Name  
in  
Full

Paul Edward Schroyer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                           |                            |                                        |                                      |                        |            |          |                |
|-----------------------------------------------------------|----------------------------|----------------------------------------|--------------------------------------|------------------------|------------|----------|----------------|
| Died at <i>Schleysville</i>                               |                            | Town <i>Schleysville</i>               |                                      | County <i>Fredrick</i> |            | MARYLAND |                |
| Date of death                                             | <i>1909</i>                | Month <i>10</i>                        | Day <i>2</i>                         | Age                    | Years      | Months   | Days <i>21</i> |
| Sex <i>Male</i>                                           | Color or Race <i>White</i> |                                        | Birth-place <i>Near Schleysville</i> |                        | Occupation |          |                |
| Where Residing if not at place of death <i>Same</i>       |                            |                                        |                                      | Occupation             |            |          |                |
| Married, Single or Widowed <i>Single</i>                  |                            | Name of Wife or Husband                |                                      |                        |            |          |                |
| Father's Name <i>Charles E. Schroyer</i>                  |                            | Father's Birthplace <i>Fredk Co Md</i> |                                      |                        |            |          |                |
| Mother's Maiden Name <i>Bettie V. Eyles</i>               |                            | Mother's Birthplace <i>" " "</i>       |                                      |                        |            |          |                |
| Name of person giving information <i>Chas E. Schroyer</i> |                            | How related to deceased <i>Father</i>  |                                      |                        |            |          |                |

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

|                                                                                 |                    |                                            |                 |
|---------------------------------------------------------------------------------|--------------------|--------------------------------------------|-----------------|
| Primary                                                                         | <i>Murder</i>      | How long                                   | <i>14 days</i>  |
| Immediate                                                                       | <i>Enter White</i> | How long                                   | <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |                    | Signature of Physician <i>H. H. Hedden</i> |                 |
| Accident or Suicide? <i>—</i>                                                   |                    | Address <i>Fredrick</i>                    |                 |

Interment Oct 3 - 1909

" at Mt Olivet Cemetery

Thomas P. Rice F.O.

Dr Hedges

Dr Goodell

Dr M. C. Bundy

Name  
in  
Full

Lucinda Francis Seiss

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

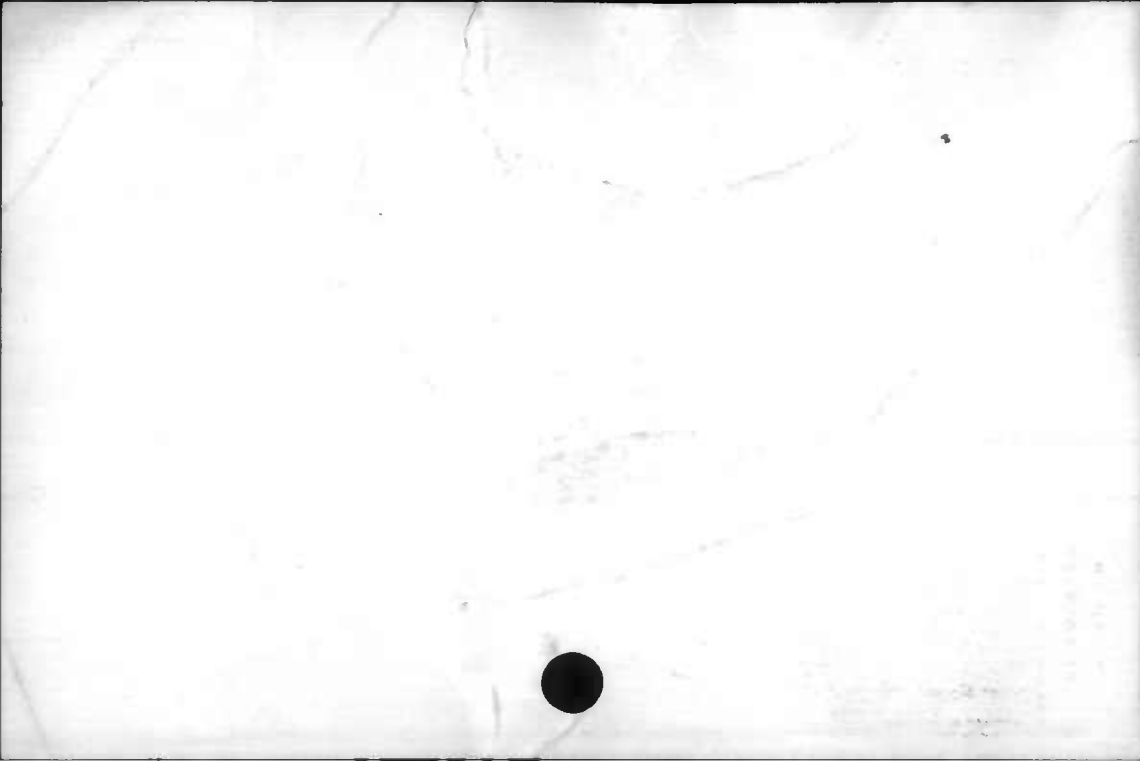
|                                                                              |                                                                  |                                       |                                |                              |                          |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|--------------------------------|------------------------------|--------------------------|
| Died at <i>Rosely Ridge</i> <sup>Town</sup>                                  |                                                                  | <i>Fredrick</i> <sup>County</sup>     |                                | MARYLAND                     |                          |
| Date of death 190                                                            | <i>9 Oct.</i> <sup>Month</sup>                                   | <i>28</i> <sup>Day</sup>              | Age <i>73</i> <sup>Years</sup> | <i>8 -</i> <sup>Months</sup> | <i>2</i> <sup>Days</sup> |
| Sex <i>Female</i>                                                            | Color or Race <i>white</i>                                       | Birth-place <i>Eglers Valley, Md.</i> |                                |                              |                          |
| Occupation <i>Housework</i>                                                  | Where Residing if not at place of death <i>at place of death</i> |                                       |                                |                              |                          |
| <input checked="" type="checkbox"/> Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>Neven Marshall</i>                    |                                       |                                |                              |                          |
| Father's Name <i>Nathaniel J. Seiss</i>                                      | Father's Birthplace <i>Eglers Valley, Md.</i>                    |                                       |                                |                              |                          |
| Mother's Maiden Name <i>Rebecca Ann M. Kissie</i>                            | Mother's Birthplace <i>" " "</i>                                 |                                       |                                |                              |                          |
| Name of person giving Information <i>Mrs. Wm. Mott</i>                       | How related to deceased <i>sister</i>                            |                                       |                                |                              |                          |

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

|                                                                                 |                                            |
|---------------------------------------------------------------------------------|--------------------------------------------|
| Primary <i>obstruction of bowels</i>                                            | How long <i>2 days</i>                     |
| Immediate <i>Heart failure</i>                                                  | How long <i>-</i>                          |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>C. N. Dreier</i> |
| <i>No -</i>                                                                     | Address <i>Delmar, Md.</i>                 |
| Accident or Suicide                                                             |                                            |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jacob S. Shanks*  
Town *Frederick* County *Frederick*

Died at *Frederick* MARYLAND

Date of death 1909 Oct 23 - Age 55 - Months 9 - Days 1

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Farmer* Where Residing if not a place of death *Myersville MD*

Married, Single or Widowed *Married* Name of Wife or Husband *Married - Moore*

Father's Name *William Shanks* Father's Birthplace *MD*

Mother's Maiden Name *Enoch Eastwood* Mother's Birthplace *MD*

Name of person giving Information *John Biddle* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

*Fell off of Volney car*

Primary *Concussion of Brain (Accident)* How long *36 hours*

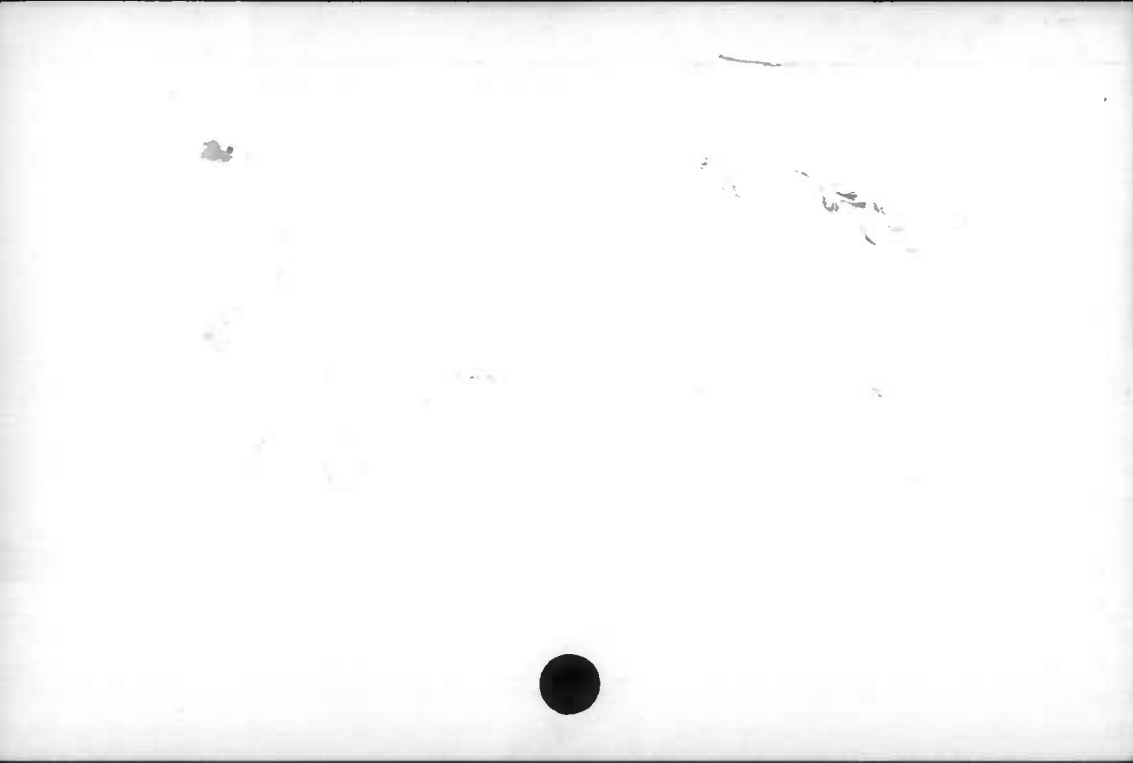
Immediate *Fracture of skull* How long *36 hours*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Dr. M. Cuddy*

Address *15 E. Patrick St*

Accident ☒ Suicide ☐



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs Savilba Shoemaker*

Town *Ladysburg* County *Fredernick* MARYLAND

Died at *Ladysburg* *Fredernick*

Date of death 190*9* Month *Oct* Day *31* Age *87* Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *Female* Color or Race *white* Birth-place *unknown*

Occupation *none* Where Residing if not at place of death *same*

Married, Single or Widowed *widow* Name of ~~Wife~~ or Husband *unknown*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving Information *Eugene Morris* How related to deceased *Husband's Grandchild*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *General asthenia* How long \_\_\_\_\_

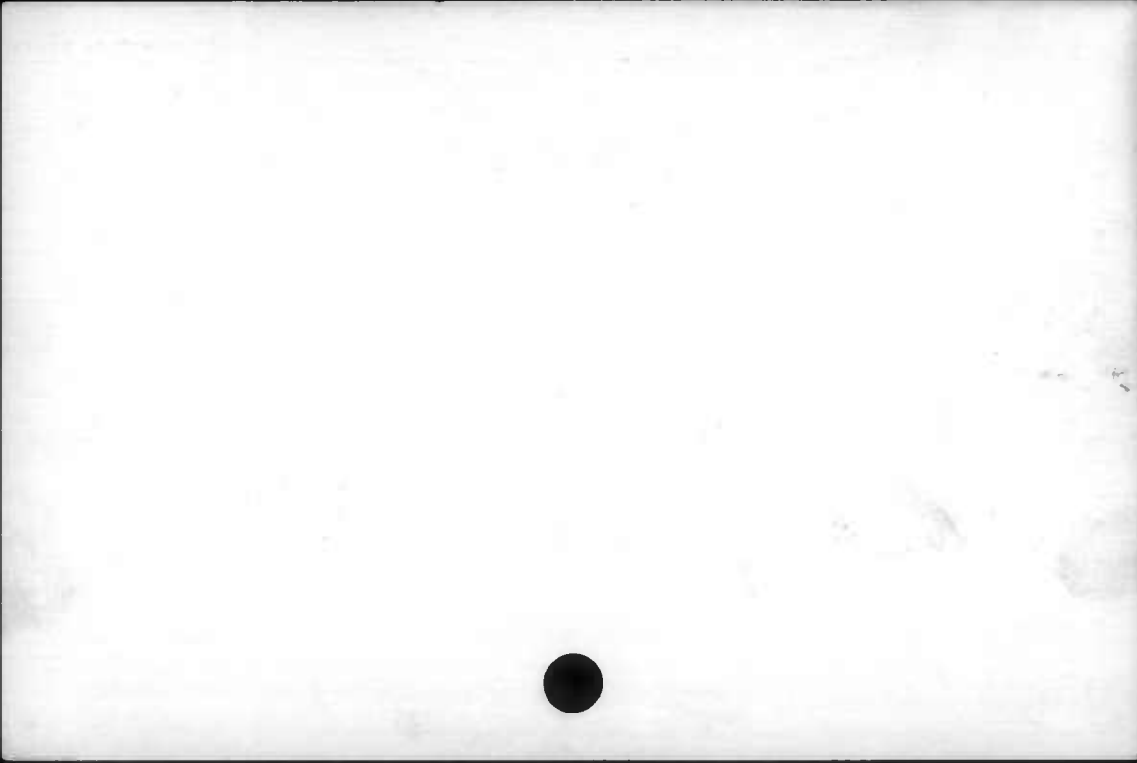
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G.H. Legg*

Address *Union Bridge Md*

Accident or Suicide *no.*





Name  
in  
Full

William Clayton Smith

## CERTIFICATE OF DEATH

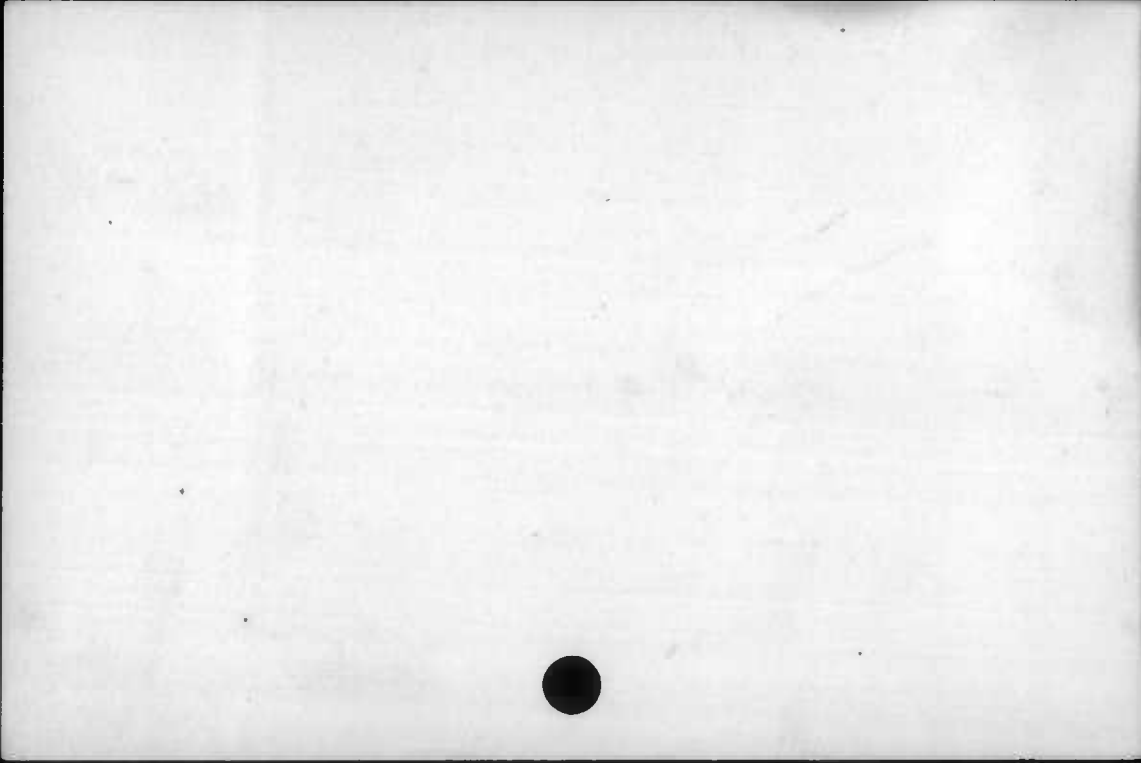
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                        |  |                                                  |  |                                   |  |                 |  |
|--------------------------------------------------------|--|--------------------------------------------------|--|-----------------------------------|--|-----------------|--|
| Died at <i>near Jefferson</i>                          |  | Town <i>Jefferson</i>                            |  | County <i>Frederick</i>           |  | MARYLAND        |  |
| Date of death <i>1909</i>                              |  | Month <i>Oct</i>                                 |  | Day <i>4</i>                      |  | Age <i>~</i>    |  |
| Sex <i>male</i>                                        |  | Color or Race <i>white</i>                       |  | Birth-place <i>near Jefferson</i> |  | Months <i>~</i> |  |
| Occupation <i>Infant</i>                               |  | Where Residing if not at place of death <i>~</i> |  |                                   |  | Days <i>1</i>   |  |
| Married, Single or Widowed <i>~</i>                    |  | Name of Wife or Husband <i>~</i>                 |  |                                   |  |                 |  |
| Father's Name <i>John C. Smith</i>                     |  | Father's Birthplace <i>md</i>                    |  |                                   |  |                 |  |
| Mother's Maiden Name <i>Sallie E. Smith</i>            |  | Mother's Birthplace                              |  |                                   |  |                 |  |
| Name of person giving information <i>John C. Smith</i> |  | How related to deceased <i>Father</i>            |  |                                   |  |                 |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |  |                                           |  |
|---------------------------------------------------------------------------------|--|-------------------------------------------|--|
| Primary                                                                         |  | How long <i>85</i>                        |  |
| Immediate <i>Hemorrhage</i>                                                     |  | How long                                  |  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |  | Signature of Physician <i>A. J. Smith</i> |  |
|                                                                                 |  | Address <i>Jefferson, md</i>              |  |
| Accident or Suicide?                                                            |  |                                           |  |



Name  
in Full

Georgann Louise Smith.

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Middletown <sup>County</sup> Reclish

MARYLAND

Date of death 1909 <sup>Month</sup> oct <sup>Day</sup> 26 Age <sup>Years</sup> 77 <sup>Months</sup> 1 <sup>Days</sup> 19

Sex Female Color or Race white Birth-place Md

Occupation Housewife Where Residing if not at place of death —

Merriad, Single or Widowed Married Name of Wife or Husband William E Smith

Father's Name Henry Reusberg Father's Birthplace Md

Mother's Maiden Name Elizabeth Cobbley Mother's Birthplace Md

Name of person giving Information Wm E Smith How related to deceased Husband

## CAUSES OF DEATH

Primary Paralysis How long 66 6 years

Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. A. Lamar

Address Middletown Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Martha Ellen Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Waltersville*<sup>County</sup> *Fredrick*

MARYLAND

Date of death *1909* <sup>Month</sup> *October* <sup>Day</sup> *19*<sup>Years</sup> *63* <sup>Age</sup><sup>Months</sup> *8*<sup>Days</sup> *18*Sex *female*Color or  
Race*Black*Birth-  
place*Co. of Fredrick*Occupation *housewife*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of ~~Wife or~~  
Husband*Thomas Smith*Father's  
Name*Joshua Gorings*Father's  
Birthplace*Unknown*Mother's  
Maiden Name*Mary Anna Brown*Mother's  
Birthplace*Unknown*Name of person giving  
In formation*Mendertakes*How related  
to deceased*In no way*

## CAUSES OF DEATH

27

✓

Primary

*Pulmonary tuberculosis*

How long

*a year.*

Immediate

How long

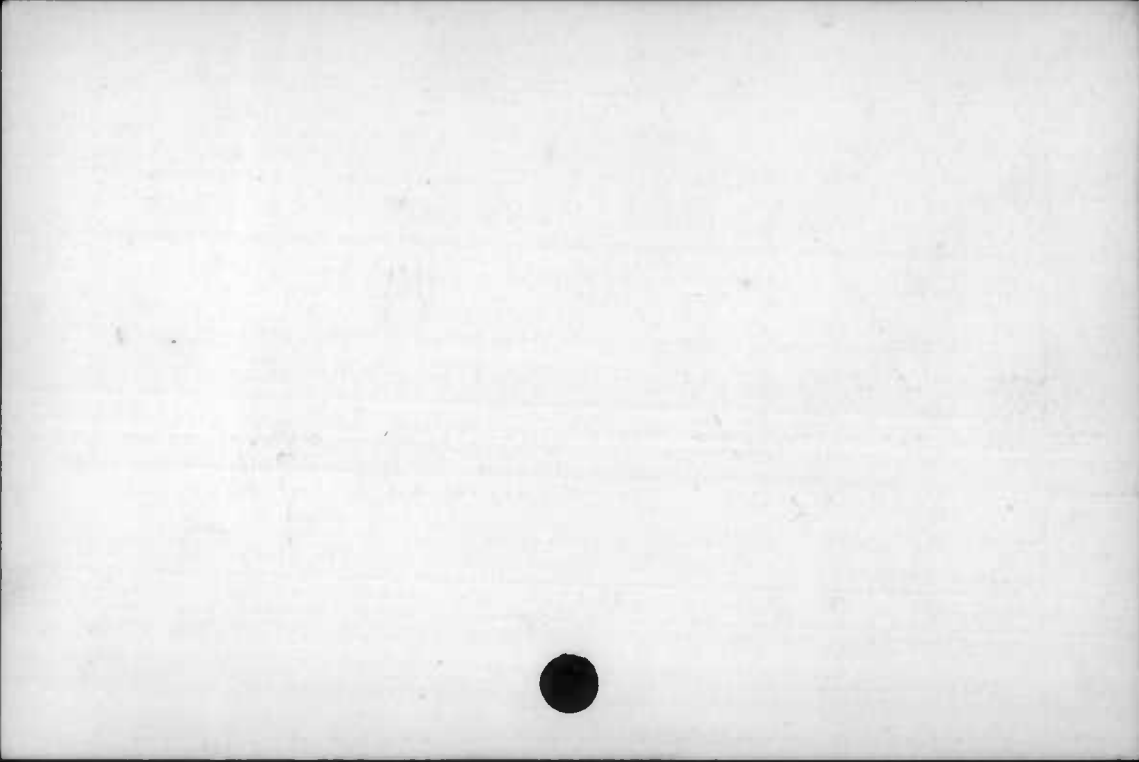
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*John D. Hinderman*  
*Waltersville*

Accident or Suicide?

*Md.*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

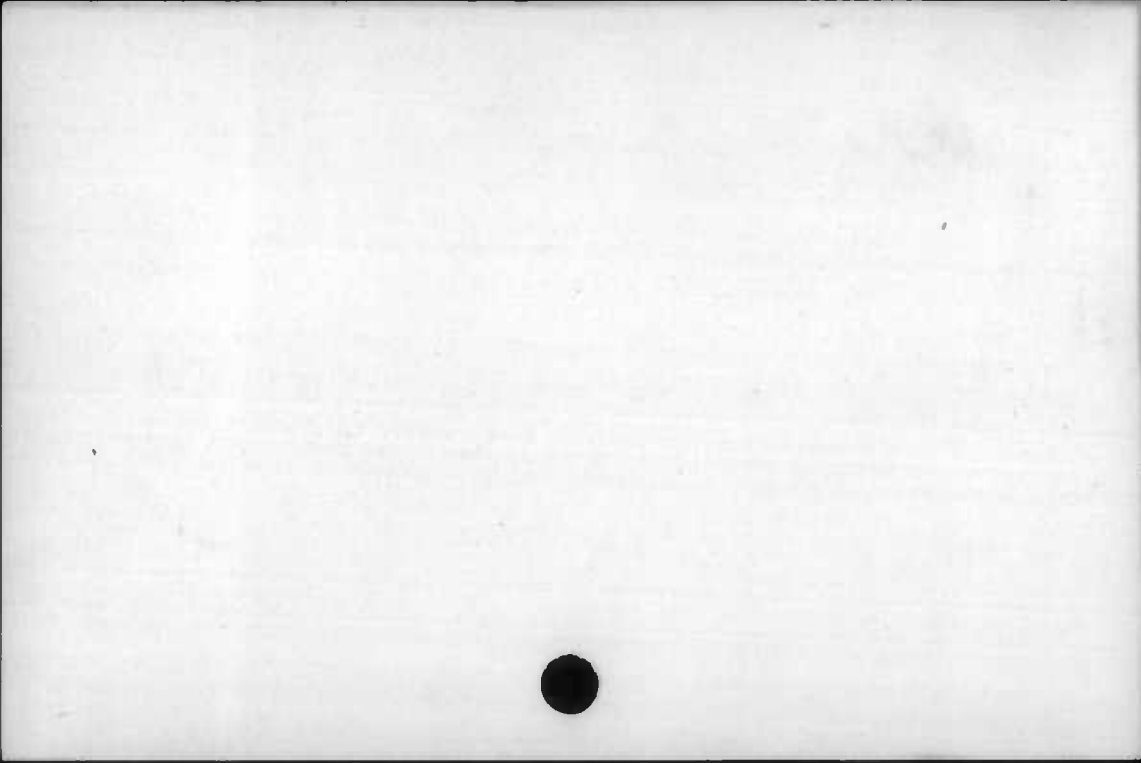
|                                   |                      |                           |               |                                         |                         |               |                           |
|-----------------------------------|----------------------|---------------------------|---------------|-----------------------------------------|-------------------------|---------------|---------------------------|
| Died at <i>near Burkittsville</i> |                      | Town <i>Burkittsville</i> |               | County <i>Frederick</i>                 |                         | MARYLAND      |                           |
| Date of death                     | <i>1909</i>          | Month <i>Oct</i>          | Day <i>18</i> | Age                                     | Years                   | Months        | Days <i>18</i>            |
| Sex                               | <i>male</i>          |                           | Color or Race | <i>white</i>                            |                         | Birth-place   | <i>near Burkittsville</i> |
| Occupation                        | <i>Infant</i>        |                           |               | Where Residing if not at place of death |                         |               |                           |
| Married, Single or Widowed        |                      |                           |               | Name of Wife or Husband                 |                         |               |                           |
| Father's Name                     | <i>Samuel Snyder</i> |                           |               |                                         | Father's Birthplace     | <i>md</i>     |                           |
| Mother's Maiden Name              | <i>Lora Baker</i>    |                           |               |                                         | Mother's Birthplace     | <i>md</i>     |                           |
| Name of person giving information | <i>Samuel Snyder</i> |                           |               |                                         | How related to deceased | <i>Father</i> |                           |

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

|                                                                      |                                     |            |                        |                     |
|----------------------------------------------------------------------|-------------------------------------|------------|------------------------|---------------------|
| Primary                                                              |                                     |            | How long               |                     |
| Immediate                                                            | <i>Bronchitis &amp; Indigestion</i> |            | How long               | <i>1 day</i>        |
| Are the name, age, sex, color, date and place correctly given above? |                                     | <i>yes</i> | Signature of Physician | <i>A. Smith</i>     |
|                                                                      |                                     |            | Address                | <i>Jefferson md</i> |
| Accident or Suicide?                                                 |                                     |            |                        |                     |





Name  
in  
Full

Earl Pearl Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Johnsville <sup>Town</sup> Fordener <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Year</sup> Oct <sup>Month</sup> 10 <sup>Day</sup> Age 2 <sup>Years</sup> 27 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race White Birth-place Ind

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Roy Snyder Father's Birthplace Indic Co

Mother's Melden Neme Beulah Star Mother's Birthplace Indic Co

Name of person giving Information M. F. Star How related to deceased Cousine

## CAUSES OF DEATH

Primary Morasmus 2 mor

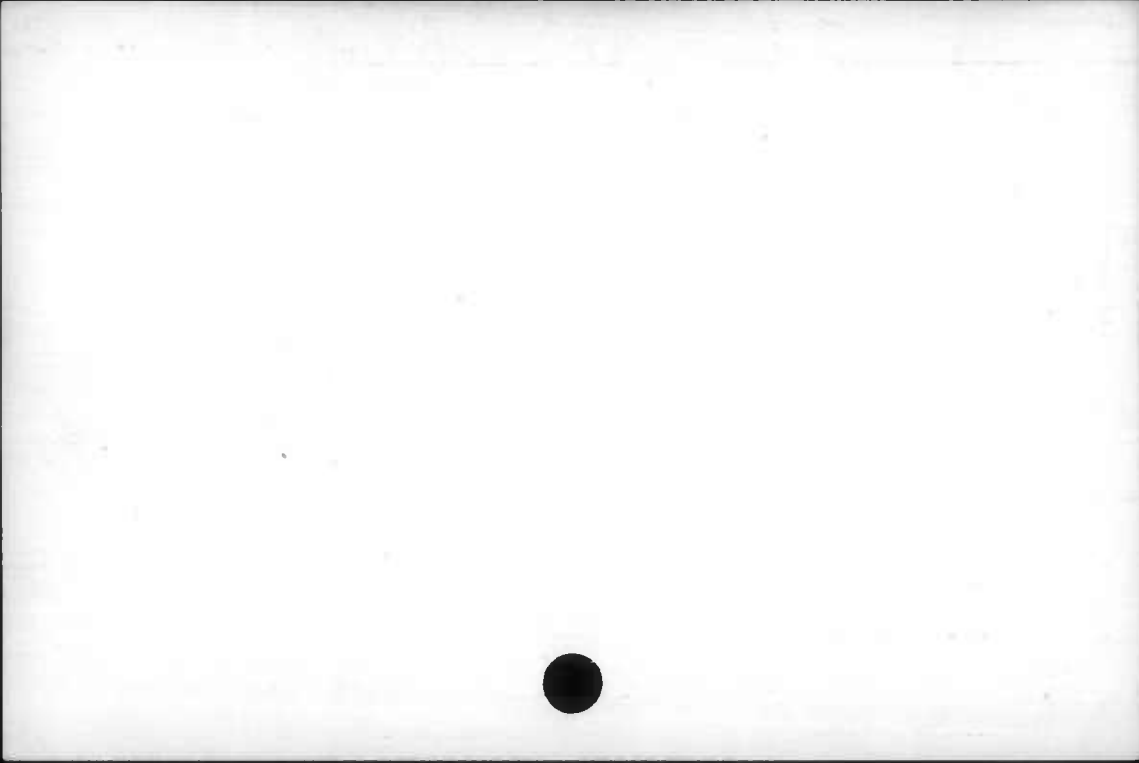
Immediate in harvest time 2 hrs

Are the name, age, sex, color, date end place correctly given above? Yes Signature of Physician W. B. Stoebe

Address Liberty Town

Accident or Suicide Fordener Co.

PHYSICIAN  
OR CORONER



Name  
in  
FullNo. 21,  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIENDMargaret Nelson Swomley  
Died at <sup>Town</sup> Near New Market <sup>County</sup> Frederick

MARYLAND

Date of death 1909 Month 10 Day 3 Age 81  
Months Days

Sex Female Color or Race White Birth-place Frederick Co.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Name of ~~Wife or~~ Husband Eliza Swomley

Father's Name Nathan Nelson Father's Birthplace Frederick Co

Mother's Maiden Name Matilda Poole Mother's Birthplace " "

Name of person giving Information Ella Swomley How related to deceased Daughter

## CAUSES OF DEATH

Primary Cerebral Haemorrhage (64) How long 10 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. H. Hopkins M.D.  
New Market  
Md

Accident or Suicide

no

PHYSICIAN  
OR CORNER



Name  
in  
Full

Nova Grimes Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at <sup>Town</sup> *Licksville* <sup>County</sup> *Fred.* **MARYLAND**

Date of death 190 <sup>Month</sup> *9* <sup>Day</sup> *31* Age <sup>Years</sup> *30* <sup>Months</sup> *1* <sup>Days</sup> *2*

Sex *Female* Color or Race *White* Birth-place *Ned.*

Occupation *Housewife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Richard Thomas*

Father's Name *Leinton Grimes* Father's Birthplace *Ned*

Mother's Maiden Name *Mary Rensbury* Mother's Birthplace *Ned*

Name of person giving Information *Mary Grimes* How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Aortic Insufficiency* 79 ☒ How long *2 yrs -*

Immediate ☐ How long *2 yrs -*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*J. Clyde Routson*  
*Buckey, town*  
*Ned*

Accident or Suicide

*No*PHYSICIAN  
OR CORONER



Name  
in  
Full

Fannie D. Wilson

## CERTIFICATE OF DEATH

Died at *Place* <sup>Town</sup> *No. 4*<sup>County</sup> *Frederick*

MARYLAND

Date of death *1909 Oct.*Day *17<sup>th</sup>*Years *40*Months *1*Days *9*Sex *Female*Color or Race *White*Birth-place *Frederick Co.*Occupation *Housewife*

Where Residing if not at place of death

Married, ~~Single~~Name of ~~Wife~~ Husband *John L. Wilson*Father's Name *James Mc Cabbie*Father's Birthplace *Unknown*Mother's Maiden Name *Rydia Spurrier*Mother's Birthplace *Frederick Co.*Name of person giving information *Jno L Wilson*How related to deceased *Husband*

## CAUSES OF DEATH

140

✓

Primary *Labor*How long *5 hours*Immediate *Heart Failure*How long *4 1/2 hours*Are the name, age, sex, color, date and place correctly given above? *yes*

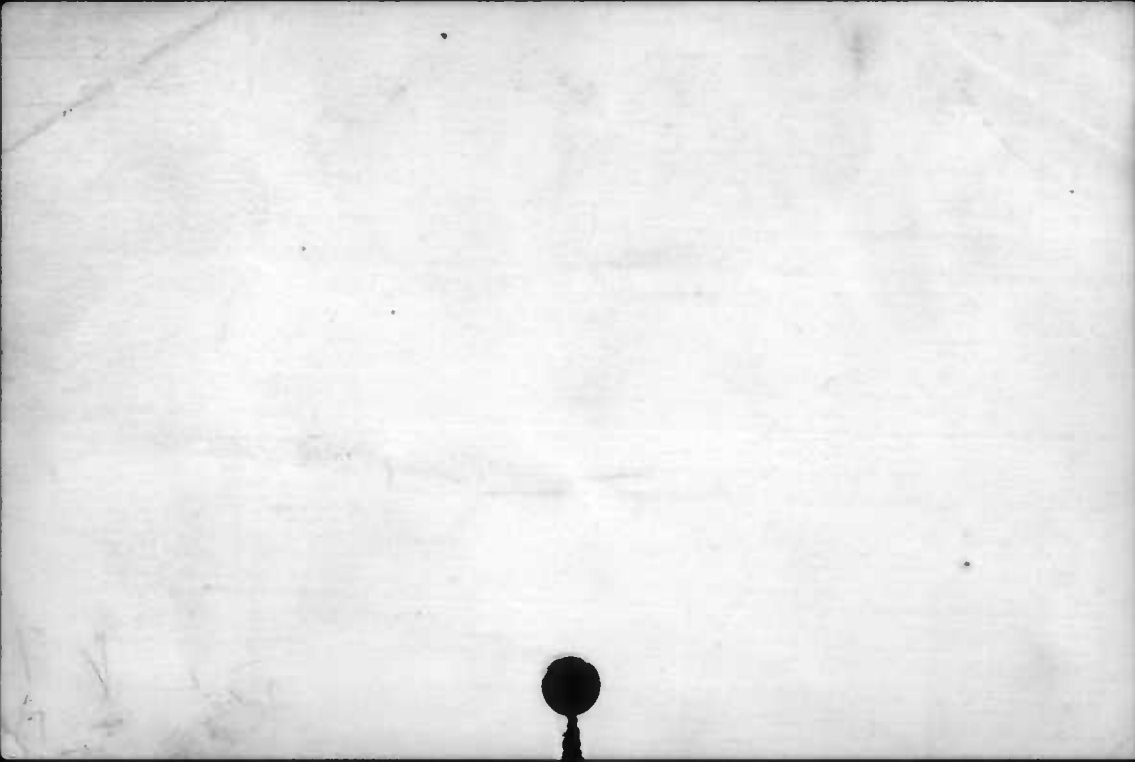
Signature of Physician

Address

*J. Albert Nee,  
Mt. Airy,  
Ind..*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

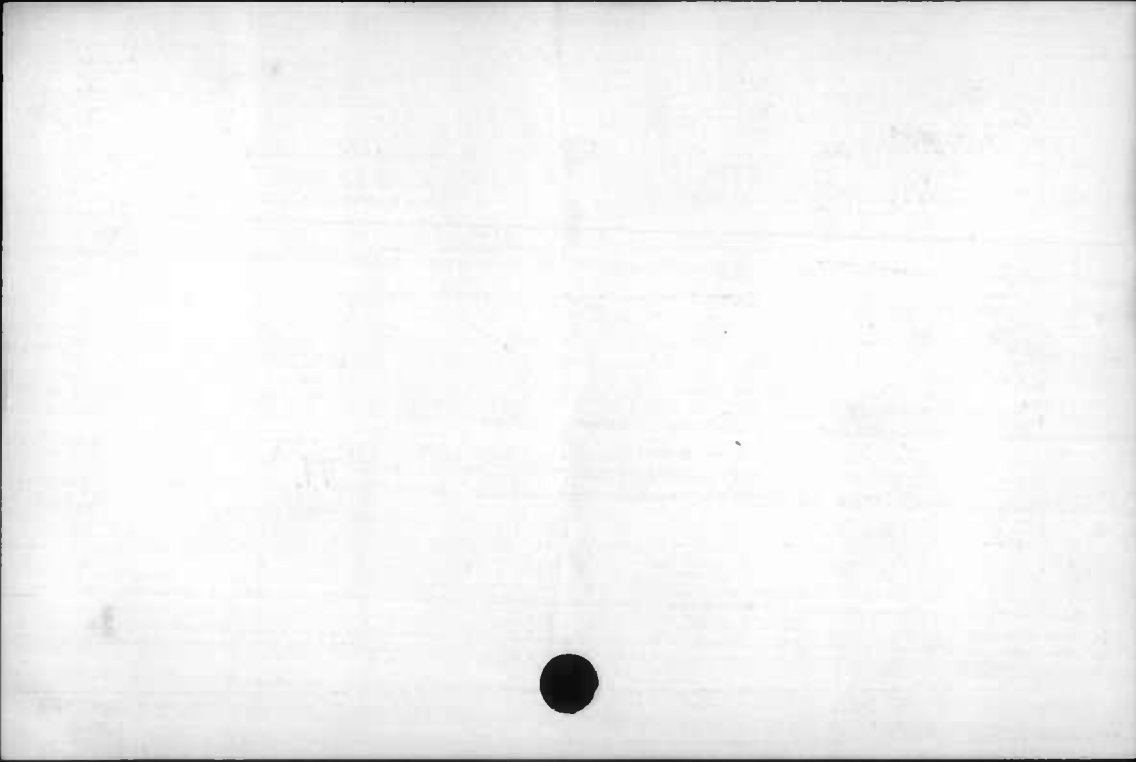
|                                                                      |  |                                  |                    |                                                                     |                 |                   |                     |                  |
|----------------------------------------------------------------------|--|----------------------------------|--------------------|---------------------------------------------------------------------|-----------------|-------------------|---------------------|------------------|
| Died at                                                              |  | Town<br><i>Frontville</i>        |                    | County<br><i>Frederick</i>                                          |                 | MARYLAND          |                     |                  |
| Date<br>of death                                                     |  | 1909                             | Month<br><i>10</i> | Day<br><i>13</i>                                                    | Age<br><i>3</i> | Years<br><i>3</i> | Months<br><i>11</i> | Days<br><i>6</i> |
| Sex<br><i>Female</i>                                                 |  | Color or<br>Race<br><i>White</i> |                    | Birth-<br>place<br><i>Ind</i>                                       |                 |                   |                     |                  |
| Occupation                                                           |  |                                  |                    | Where Residing if not<br>at place of death<br><i>Frontville Md.</i> |                 |                   |                     |                  |
| Married, Single<br>or Widowed                                        |  |                                  |                    | Name of Wife or<br>Husband                                          |                 |                   |                     |                  |
| Father's<br>Name<br><i>Charles D. Hinebrener</i>                     |  |                                  |                    | Father's<br>Birthplace<br><i>Ind</i>                                |                 |                   |                     |                  |
| Mother's<br>Maiden Name<br><i>Fannie E. Hinebrener</i>               |  |                                  |                    | Mother's<br>Birthplace<br><i>Ind</i>                                |                 |                   |                     |                  |
| Name of person giving<br>In formation<br><i>Fannie E. Hinebrener</i> |  |                                  |                    | How related<br>to deceased<br><i>Mother</i>                         |                 |                   |                     |                  |

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

|                                                                         |                    |                                                      |                  |
|-------------------------------------------------------------------------|--------------------|------------------------------------------------------|------------------|
| Primary                                                                 | <i>Convulsions</i> | How long                                             | <i>5 minutes</i> |
| Immediate                                                               | <i>Convulsions</i> | How long                                             | <i>5 minutes</i> |
| Are the name, age, sex, color, date<br>and place correctly given above? |                    | Signature of<br>Physician<br><i>Robt. L. Hammond</i> |                  |
| <i>Yes</i>                                                              |                    | Address<br><i>Woodboro,<br/>Md.</i>                  |                  |
| Accident or Suicide?                                                    |                    |                                                      |                  |



Name  
in  
Full

CERTIFICATE OF DEATH

Infant Whiner

Died at

Frederick

County

Frederick

MARYLAND

Date

of death

1909

Month

Oct

Day

23

Age

Years

Month

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Frederick

Occupation

Infant

Where Residing if not  
at place of death

Married, Single  
or Widowed

Infant

Name of Wife or  
Husband

Father's  
Name

John L. Whiner

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Katherine B. Lattin

Mother's  
Birthplace

W.D.

Name of person giving  
Information

J. L. Whiner

How related  
to deceased

Family

CAUSES OF DEATH

Primary

Premature Birth

How long

6 1/2 min

Immediate

Premature Birth

How long

3 Hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

H. H. Hedden

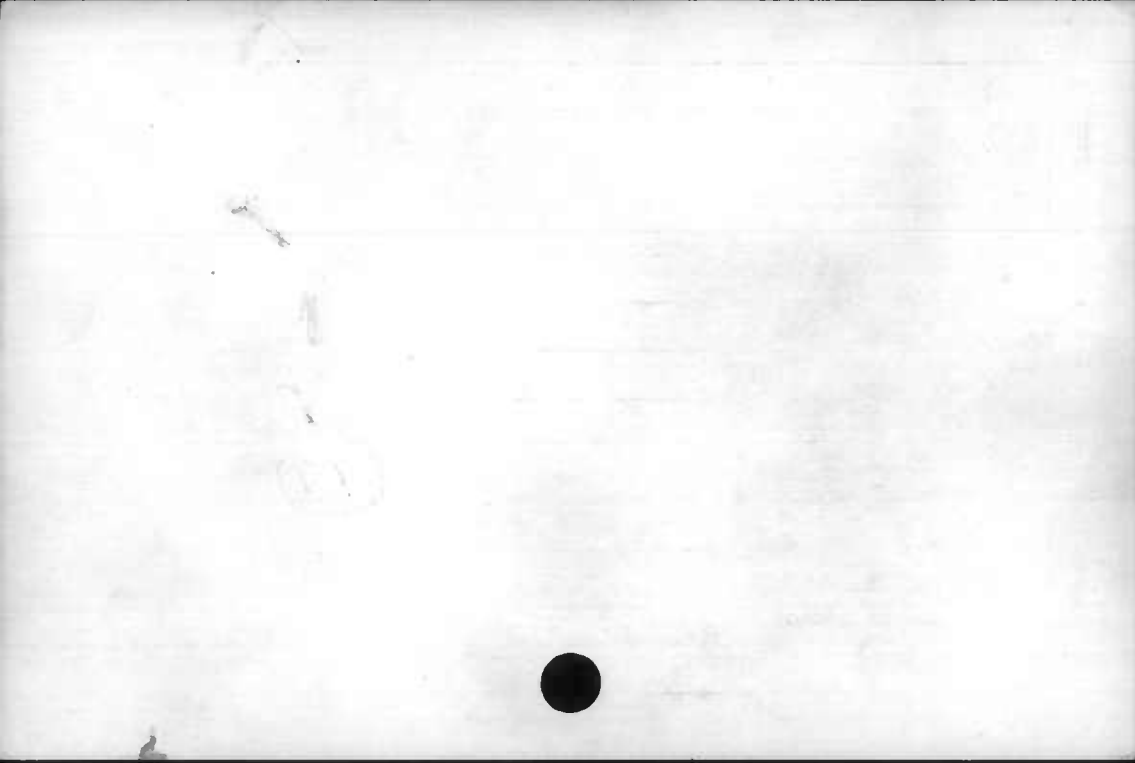
Address

Frederick

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ellewood Yerkes

## CERTIFICATE OF DEATH

near

Town

Fredrick

County

MARYLAND

Died at

Date

of death

1909

Month

10

Day

11

Years

Age

84

Months

14

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Penn

Occupation

Retired Dentist

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Amanda B. Brown

Father's  
Name

Andrew Yerkes

Father's  
Birthplace

Penn

Mother's  
Maiden Name

Everheart

Mother's  
Birthplace

Penn

Name of person giving  
Information

Mrs R. R. Lewis

How related  
to deceased

daughter

## CAUSES OF DEATH

Primary

Acute Inauguration

How long

sudden

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

R. C. Fordell  
Fredrick,  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

104

